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ARTICLE I. — *Introductory to Lectures on Philosophy of Medicine, in the Spring Course of Rush Medical College, March 8th*, 1872. By J. E. O'BRIEN, M.D.*

Gentlemen—It seems as though nature proposed to baptize our young Spring Course this morning; the ruins of our burned city, the ashes of her recent desolation, are lying deeply buried beneath the snow. *Science* casts down to us the crystals of her knowledge just like the snow: if we treasure them properly, they will spring forth in our minds as clearest fountains of knowledge and truth; if we let them lie uncared for where they fall, they will be quickly swept into oblivion.

If I understand the object of the Spring Course correctly, it is to give you additional opportunities for study; and your presence here indicates that you desire to take advantage of the practical

* For the historical part of my subject, I am indebted to the lectures of Prof. Glover, of England.

aids which we propose to give you, so as to make yourselves a little better qualified for physicians than the average graduate. Among all the circumstances which influence a man's career, there is none so powerful as his own *will*, and if you determine to widen your knowledge and enlarge your understanding, success will assuredly attend you. There is vast room for improvement over the mere average acquirements which physicians are asked to have. The fact that you see a majority of the physicians around you settling down to a routine-empirical practice, is the very reason why you should expect it to be wrong.

"Old Rip Van Winkle had a Grandson Rip,"

and

—"Now then Mr. V.,
He's good for *something*, make him an M.D."

This young Rip Van Winkle, M.D., has multiplied exceedingly in town and city and college. Literary colleges are particularly prolific in his species, and he shoals in our profession, expecting that it will make a man of him, when the fact is, that we want *men* to come to us, and make our profession what it should be. Nothing can educate a man unless he *works*. Active contact with the world is the grand incentive to labor, and labor accomplishes all things that are worth learning. It is therefore grateful to see you here, as showing by your presence an intention to work for success in a profession which is worthy of life-long devotion, which traces its brilliant history back to the origin of history itself, and includes among its treasures such minds as those of Hippocrates, Galen, Sydenham, Hunter, Harvey, Bacon, and his disciples, and in our own day, Virchow, Beale, Rokitansky, Dalton, and the rest of the grand army of investigators and philosophers, who think a whole life too short for the service of this great art.

There are no text books on the branch which we propose to consider. What I shall give you will be principally the practical results of my own reasoning on the mechanism of disease and collateral subjects, but wherever I can find any ideas bearing upon the subject, I will appropriate them and work them into my course. You will find my studies strongly tinged with the teachings of our Professors, and I desire to give them the credit at the start, as I

shall probably not know myself how greatly their principles have become incorporated in my memory.

There is one qualification which I apprehend an instructor should have who proposes to teach philosophy; he ought to be a philosopher himself. I would therefore have you understand that I do not pretend to *teach* philosophy to you, but shall be well content if I can assist you in *learning* it. Another difficulty besides the fact that there are no text books is, that I have had little time to think over a plan for our course, having been out of the city a great part of the winter on business for the college, but I have hastily sketched out the following plan, and shall follow it as closely as circumstances will permit.

We will begin with disease as a central figure, and see what philosophy we can find in connection with it. Around this we will group causes influencing disease, and consider in detail the operations of climate, miasma, ochlesis, soil, temperament, habit, idiosyncracy, hereditary influence, hygiene, and so on. Then we will have a chapter on "how nature cures disease," illustrating with particular diseases. Then we will see what philosophy we can find in the operations of the cures of art, as compared with those of nature. I have made a special study of inflammation, congestion, etc., and shall discuss it in the early part of the course. After finishing our consideration of philosophy of medicine, I shall have the privilege of assisting you in the study of diseases of the skin. We shall not study them so much as a specialty, as for practical benefit, for I hold that the true value of a thing is its practical value. The diseases of the skin, then, which we will mostly consider, are those that will occur most frequently in your practice.

I will now give you a definition for philosophy of medicine. It is *reasoning about* medicine. Every physician should be a philosopher to this extent, contrasting directly with those who are content to give medicine in disease, without inquiring into the relations of the disease, or the mechanism of cure. It is a favorite custom with these routinists to prescribe a dozen or so of remedies at once, hoping that "if one misses, some other may hit the mark;" and I have known writers in the journals to seem to glory in this kind of thing. I call it mitrailleuse practice. If they would confine it to their own practice, it might be endured, but when they attempt to teach such gross empiricism to others, they do incalcu-

lable mischief to the cause of investigation, and of philosophy. Out of the extreme habit of multi-dosing, some of these physicians have found a short road to entire skepticism of medicine, and another class think that every man may be his own physician.

The class of skeptics who limit the physician's usefulness to the use of specifics, name the very cases when he might be dispensed with, a specific cure requiring no knowledge of anatomy or physiology, and but little knowledge of disease for its administration.

There is but one specific, and Ague is its prophet; (because it reveals the properties of quinia.) The treatment of ague has been reduced to almost mathematical precision, it might, therefore, be left to the care of persons of good judgment other than physicians. It is the only disease that might be so left without danger, and frequently there is danger in it. In nearly all other diseases the watchful care of the physician is necessary to prevent destruction of tissue and impairment of function among the organs of life. In inflammations, which constitute more than two-thirds of all disease, the morbid action, if not controlled by the physician's assistance in aid of nature, will run on to suppuration, adhesion, abscess, destruction of organic tissue, loss of function, and often, death; results varying with the nature of the organ attacked, and its importance to life. In these and most other diseases the educated physician can hasten recovery, preserve the organs and limit mortality, giving drugs, not because they are said to be "good for it," nor because *Dr. Scovendique* uses them, but because he knows the condition of the organs in health and disease, and knows how to produce definite results upon them by the active agents of the materia medica. Recognizing the different stages of disease by a careful interrogation of all the signs exhibited to the closest examination, he uses remedies to assist nature, supporting her where the powers of life fail, using sedative means when inflammatory or other morbid action runs too high.

"The blood goes down to the capillaries of the body, where all the changes of life occur." The educated physician knows the normal constituents of the blood; he knows how many parts of water, of salts, of albumen, of fibrin, of iron, etc., it contains in health; he knows the variations of these constituents in disease, and corrects them; regulates the action of the nervous system, which presides over all the operations of life; knowing the sympa-

thetic connection of organs with each other, he inquires into the condition of each, strengthens those of digestion and blood-making, stimulates those which carry out of the system waste material, if the condition of the system requires it, and puts the diseased part at rest, or acts upon it by certain means to improve its condition and restore its normal functions.

Of the great armory of drugs embraced in our materia medica, only one is a certain cure, and that for only a single disease. The cause of this has been too much attention paid to drugging, and too little time devoted to the study of the human organism, its anatomy and physiology, in health and disease. It is like having a large assortment of fine tools to repair a disabled chronometer without understanding the workings of the latter. If the tools are used promiscuously upon the delicate machinery, the result will be obvious. If they are used without the utmost degree of intelligence, and knowledge as to what is the matter, the result will be not less disastrous. So it is in acting upon the fine mechanism of man: if we do not know how disease affects it, and what it will do with the medicine exhibited to it through the blood, we shall do harm, and not good. If in acute congestion the remedies suited to the latter stages of inflammation are applied, the injury done to diseased organs may last a lifetime, and shorten it. But if the anatomy of the parts is an open book to the physician—if he recognizes the changes going on there under the influence of disease—he will apply the proper remedies to assist nature as required, perhaps oppositely, in the different stages, eliminate morbific matter through the proper emunctories, see that the organs of the body react favorably upon each other and the diseased part, by keeping them all in a healthy state, and, finally, put the diseased organ at rest by compelling others to perform its functions vicariously, for which nature has beautifully provided. All this the intelligent physician can do in the majority of diseases. The instruments are all ready to his hand, and perfect of their kind. If proper care is exercised in securing pure drugs, the materia medica furnishes them in the most active and convenient state.

Who, knowing the good that physicians accomplish who practice under the philosophical principles stated, *i. e.*, uniting materia medica to anatomy, physiology and pathology, can say that the physician may be dispensed with? If he could do no more in

disease than one of the duties mentioned, that of putting the diseased organ at rest, he would still be of incalculable service.

The vicarious action of organs is one of the institutes of nature herself. If a kidney cannot perform its function of separating urea from the blood, the intestines will make an effort, though feebly, to eliminate it. The intelligent physician will assist nature in this regard, will stimulate the intestines to increased action upon the morbid matter, thus giving the kidney time to rest, and time to recover under appropriate treatment. In scarlatina, he who knows drugs but not anatomy, stimulates the inflamed kidney to increased action, as does also he who thinks that "Like cures like," giving diuretics until the inflamed organ, already overworked, breaks down, and dropsy is the result. If the mission of the enlightened physician were to correct this abuse alone, the results from the fatal scarlet fever should give him a proud and permanent position.

So much for those who are skeptical of medicine. If they would use the efficient agents of the materia medica upon the principles stated, and with proper knowledge of what is the matter, they could favorably modify the course of most diseases, could limit mortality, and, assisting nature in the cure, leave the recovered organs in vastly better condition than disease in its onward march would, if opposed only by *unaided* nature. The greatest test of skill is not in curious combinations of prescription ingredients, which are already, some of them, the most beautiful and complex products of the chemist's art. The test of skill in medicine is, to know *what is the matter*—such knowledge requiring all the light that the human mind can throw upon the anatomy of man.

It is not *names* that amount to anything. It is knowing the actual changes going on among the vessels, nerves and cells within the diseased organism, under the influence of disease; knowing which, appreciating the actual condition of the parts at present, and anticipating the changes that will occur to-morrow, the mere prescription and combination of powerful remedies resolves itself into simplicity itself, and brings medicine as near the condition of an exact science as it is possible to bring it. If every one shall ever be his own physician, it will be when we shall have much more time for study than at present; but while that time may be more or less remote, all that we may know of ourselves, and how we live and

move, should be acceptable to the people, and all that brings them into closer relation with their physicians, should be beneficial to them and to us. They are our judges, and should estimate us by some reasonable rule, such as is used in estimating other men. Success is a tolerably fair criterion—would be more so if we were all agreed as to what success is. If physicians are chosen for their successful cures, they ought to be satisfied. If for their successful fees, there is room for complaint, and we admit a host of quacks, who are usually the most successful financially.

But the true test is knowledge—and, most of all, knowledge of the human machine—in health and disease. And so the tendency of the profession now is, to gratify the growing taste for physiological knowledge among thinking people, and some good writers of the profession, like Huxley of England, are giving to the public the benefit of their care and study. It is the true way to elevate the standard of the profession; the public is the final examining board for physicians, and should have data to judge by. The mystery which physicians of a past age threw around their art made it impossible for people to discriminate between the true and the false. Hence, Empiricism prospered; hence, Humoralism, Solidism, Brunonianism, Hydropathy, Animal Magnetism, The doctrine of Signatures, Homœopathy, The Royal Touch, Phrenology, Metallic Traction, Thompsonism, and a thousand other humbugs, have in turn presented themselves to the attention of mankind and flourished—some owing their existence to the influence of the imagination; some appealing directly to credulity, and many having some grain of truth in their composition, but soon burying it beneath a mass of "false facts," whenever pecuniary gain threw the necessary inducement in the way of "prophets," stimulating them to draw general conclusions from special premises. (Mystery, however, was not the cause of the immense popularity of a certain nostrum some years since, as related by a London Medical Journal. "Brandy and salt, which was a sovereign cure, as they all are, for all the ills that flesh is heir to. The brandy made the heart glad; the salt increased the thirst for more brandy." No mystery about that—part of the belief endures yet.)

There is an element of truth in all delusions, and many valuable ideas and drugs have been brought to light by the votaries of the sects mentioned. As long as they are specialists in investigation,

they may increase the general store of knowledge; it is when they attempt to found principles of practice upon the false premises, that harm is done; the only premises allowed should be anatomy and physiology—in health and disease. Upon this broad platform such sophistry as "*Similia Similibus Curantur*" can never stand.

Knowing the definite results to be produced upon the human organism in order to modify disease, the learned physician selects his remedies for their virtues; rejecting all that is false and injurious, he selects that which is true and good wherever found.

From the time of Hippocrates, 580 years before the Christian era, to our own day, there have been two principal sects in medicine: they are the Theorists and the Empirics, with here and there a true philosopher illuminating by his reason the historical page of our art.

The empirics are those who are content to treat disease without ever asking the important questions *why?* and *how?* Always paying great attention to the symptoms actually presented to them, they have been satisfied with this, and have not attempted to trace the symptoms to their source, nor to ask of nature why they are manifested.

The theorists, on the other hand, take the opposite extreme, and carry medicine off into the domain of speculation, where they soon lose sight of all that is practical or useful.

The true philosopher avoids these extremes. Unlike the empiric, he traces the phenomena of disease back to their causes, and these he pursues as far back as human knowledge extends, studying, as he goes, the *relations* of causes to each other and to the phenomena produced, until he arrives at general laws established by nature. He differs from the theorist because he never cuts loose from *facts*, never extends his reasoning beyond the limits warranted by logical truth, and always keeps in view the practical utility of his labors.

It may be said that the ancients were *compelled* to enter the ranks of one or the other of the sects named, that they had to be either dogmatists or empirics, because they had no facts to establish their premises upon. True, they had no anatomy. Prof. R. was not with them; our gifted demonstrator was among the generations yet unborn; physiology was unknown to them—they knew nothing of the mechanism of respiration or circulation—nothing

of the chemistry of digestion—they *had* no chemistry. All they knew was that diseases affected men similarly or differently, that diseases had some rules about duration, and so on. They also learned that some substances would purge, others vomit, and so on. It is true, this was about the extent of their knowledge, but they might still have been philosophers if they had interrogated nature for facts, and had kept their reasoning within the logical limits which require that it shall retain a *connection* with facts.

Hippocrates narrowly escaped being such a philosopher. In symptomatology his teaching is worth reading at this day; but in ætiology his doctrine was no better than the imperfect state of physical science in his time. According to him, there were four elements—earth, air, fire, and water; and in the animal body four humors—blood, phlegm, bile, and atrabile. Diseases were said to depend upon a derangement of the humors, and restoring their equilibrium was what would cure the disease.

There were seven doctors of the Hippocratic family during some three hundred years, medicine being hereditary with the Greek priesthood. The greatest of the family was Hippocrates the *second*, and to him most of the writings of the family are credited. The Hippocratic writers knew little of anatomy, or what we understand by pathology. The same kind of prejudice with regard to dissection existed then as now among the unenlightened Mahometans, and in Hindostan. They drew their anatomical ideas from the analogy of the inferior creation. They did not properly distinguish ligaments, muscles, vessels, and nerves—nevertheless they had *some* notion of the vessels, glands, and interior organs.

As previously noticed, it was in symptomatology of disease that this school particularly shows, and some of their doctrines on this head have a generality which renders them to a certain extent applicable for all time; for instance, the doctrine of the three periods of disease, crudity, coition, crisis, the signs of these three periods were noted with the greatest care—the phenomena which denoted a favorable crisis or a dangerous metastasis were most rigorously determined, and upon all this was founded a system of prognosis which even now may furnish many valuable hints.

As an example of the refinement to which observation had reached at this period, the doctrine of critical days may be cited.

According to this, nature had a tendency to evacuate the morbid matter after the attack, at certain periods in preference to others; these days were the 4th, 7th, 11th, 14th, 17th, and 20th.

From the nature of the Hippocratic theory of disease, great attention was paid to the signs afforded by the urine. All the states of this fluid, and the sediments which can be observed by the unassisted senses, were carefully attended to. In diet, regimen, effects of climate, and so forth, much was done by this school. Most of their remedies were drawn from the vegetable kingdom, with the exception of alum and some preparations of lead and copper. They practiced bleeding, and made great use of purgatives, sudorifics, poultices, and baths. In summing up their merits, we may honor them as models of observers during their age; they carried the greatest care into the practice of their art.

After the time of Hippocrates, the philosophy of medicine slept until the important study of anatomy began to be cultivated. Natural history and anatomy date their existence as sciences from the time of Alexander; and in all probability his extensive conquests and those of his successors, by rendering the Greeks familiar with the natural products of various regions, contributed very much to the circumstance.

Aristotle has described with astonishing accuracy, on the whole, the comparative anatomy of animals, and many of the elements of the frame.

Theophrastus was the most distinguished of the naturalists who followed Aristotle. His labors were directed more particularly to the vegetable kingdom, its structure and physiology. He also described several *diseases* of plants, as the ergot of rye.

But the most remarkable observers in the field of natural history and anatomy flourished at Alexandria under the reign of the Ptolemys. Herophilus and Erasistratus deserve special mention. The former carried his researches so far that one of the earlier modern anatomists considered him infallible. He dissected great numbers of human bodies, and even *living criminals*, as related by Celsus.

But the pathology of these great men was not on a level with their anatomy. Erasistratus' modification of the humoral doctrine was but little improvement on Hippocrates. Many of the disciples of the Alexandrian school were nearly as celebrated as their masters.

The Romans did but little for medicine; Celsus was but little more than a compiler. He, however, described surgical operations.

The first attempt at getting materia medica into book form was made by Dioscorides, of Anazarba, who probably lived about the time of Nero. (I thought it best to give you the dates, as you might confuse Anazarba with a little town up in Michi*gan.*) Although Dioscorides was a theorist, and explained the action of remedies by their elementary qualities, still he was a philosopher in the important branch of seeking for and collating facts, and for many centuries his works were the principal in which botany and materia medica were studied. Having traveled in the train of Roman armies, the information which he got together by his surpassing industry, was such that he was for the long time mentioned regarded as the *ne plus ultra* in the department which he professed, and he is probably still venerated as such in the schools of Fez, Ispahan and Bokkhara. Many of his remedies were sufficiently absurd; others still retain their place in the treatment of diseases for which he indicated their use. It is evident from his works how the resources at the disposal of the physician had increased since the time of Hippocrates, and in this fact you will see that philosophy of medicine was *dawning*, and that so far, that branch of it which seeks after facts, was the only one much cultivated, while the relation of those facts to each other and to causes were as yet untouched. Indeed, semeiology and materia medica stood almost alone. Anatomy, physiology, pathology, and chemistry, were still in the future, and unable to give any light to reason by. The theorists had it all their own way now for some time. The most prominent of them was Asclepiades of Bithynia, who applied to the human body a modification of the atomic theory of Epicurus.

Man, according to him, results from the accidental reunion of atoms which affect a determinate form, and whose movement, regular or irregular in the space assigned to them, constitutes health or disease. One of his principal doctrines was an exaltation of the powers of wine, which he calls a sovereign, incomparable and divine remedy. His disciple, Themison, formed what was called the methodical school, which appears to have been specially remarkable for the extreme formality of its doctrines. He founded everything on the *strictum et laxum*, that is, too great contraction or relaxation. It is curious how in some cases very sensible modes

of treatment were deduced from such general doctrines as those of the methodist. For instance, in dropsy, their great object was to effect the restoration of the forces, in order to restore to the skin that tonicity, to the absence of which they attributed the disease. For this purpose they recommended rubefacients, powerful sudorifics, and hot baths, together with purgatives and diuretics. This was pretty good for those ancient parties, considering that they knew nothing of the anatomy of the kidneys, nor the histology of the skin, nor of the vicarious relations which physiology has demonstrated to exist between them, nor of the circulation of the blood. I account for their clear-headed notions of dropsy, by the fact that it is to some extent an external disease, and tells its story pretty plainly by swelling, retention of urine, and so on.

The sect of pneumatists differed from the methodists principally in adding the influence of the "*pneuma*," or spirit, to the other doctrines. They paid particular attention to the mixture of the elements, as they called them, and to the influence of "sensible qualities." According to them, heat and moisture mixed together, are the elements most favorable to health. Heat and dryness occasion acute disease; cold and moisture, phlegmatic disease; cold and dryness give birth to melancholy. Everything dries and becomes cold at the approach of death. To this school belonged Archigines, and Aretaeus, the best observer of antiquity after Hippocrates. He is especially remarkable for the attention which he paid to the forces of nature, the individual differences of the constitutions of men, and the effects of climate on disease. And thus you see that these men who went so far astray in their speculations as to place themselves among the class whom I have called theorists, yet were giving some assistance to medical philosophy by pushing its investigating branch a little farther in a new direction.

The sect of theorists culminated in Galen. It is interesting to note the history of the efforts of that great mind to master the secrets of nature without the aid of the great discoveries and inventions which the philosopher of modern times is armed with. Starting with the premises of the few facts that had been collated before his day, Galen, by applying to everything he studied what we would call in these days "common sense," produced astonishing results in the way of knowledge of disease, and especially of prognosis. He went so far into the ranks of the theorists as to

accept the doctrine of the four elements, and to construct theories thereon—but, nevertheless, his great object seems to have been to exercise a true eclecticism by choosing the best theories and most authenticated facts, and to systematize the whole in one grand plan. He made an effort at distinction between matter and force under the names of *elements* and *principles* of bodies; the "principles" meaning that force which we now recognize in its manifestations of heat, light, electricity, etc. Galen was also aware that the union of two elements produced a third, unlike either of the others—the *tertium quid* of chemistry. But he missed it when he taught that there was "excess of fire in the bile and earth in the atrabile, that is, unless the theory of some young electrical enthusiast which I read in a Medical Journal recently, should turn out to be correct. He thinks that the liver is a kind of electrical battery for the brain, and as heat is known to accompany electricity, why it might be expected that if this were the case, the bile would get warmed up a little in the gall bladder. Galen taught that the morbid states of organs depended on the number, size, figure, and situation of the parts, which was good for the imperfect knowledge of his time, but a long way from the grand principle which we can enunciate at *this* day, that disease is a morbid state of *structure* of an organ. To every alteration of the humors, so called, Galen gave the name of putridity. This takes place, he says, every time that a stagnant humor is exposed to a high temperature, without being able to evaporate. This humoral doctrine I am disposed to consider in a humorous light. Are *you?* According to Galen a fever is the result of putridity developing heat, in which the blood vessels take part.

I will not attempt a further sketch of Galen's teachings—it would weary you. He had a good notion of hemorrhagic affections, and the good he did was in studying with intense devotion all the circumstances he could find to influence health and disease. His success was limited by the scantiness of important knowledge, and the means of getting it.

With the decline of the Roman Empire declined philosophy of medicine, sharing the fate of general philosophy. A few incidental discoveries or observations might be made, but all life and energy were gone. Down to the latest periods of the Grecian Empire, medical authors occasionally appeared, but except the sugges-

tion sometimes of new remedies, there is little to attract our attention in looking after philosophy of medicine.

We owe the institution of hospitals in the earlier periods of the Greek Empire, to the influence of the spirit of Christianity. The Crusades both imported new and formidable diseases from the East, and created a spirit which devised the means of combating them. The hospital at Jerusalem for the relief of pilgrims in the Holy Land, founded by merchants of Amalfi, is carried back by some as far as the seventh century.

The formal re-establishment of medicine in Europe dates from the formation of the school at Salerno, about the close of the tenth century. This school had a regular curriculum of studies, and gave certificates of qualification on examination. I apprehend that their course would not compare favorably with the Spring term at Rush, and I suspect that a lecture on philosophy of medicine was not included in their proceedings; but still this was progress, and thus Europe possessed, even during the dark ages, two admirable institutions for the advancement of medicine which hardly existed in ancient times, namely, hospitals, where disease could be easily and extensively studied, and a system of attesting the qualifications of those devoted to the profession.

It was not long before these institutions bore fruit. When all was submission to the authority of the ancients in *general* science, we can trace some independent thinking in medicine. Still the science was subject to the same kind of general influence as other branches of learning. After the revival of letters, Galen was worshiped very much like Aristotle, but the numerous discoveries of the alchemists, the detection of several of the anatomical errors of Galen, and, most of all, the spirit of original thinking which began to arise, prepared the way for modern medicine.

One remarkable man accelerated greatly the approaching revolution, and stands out in bold relief, a portentous figure between the old and the new—the extraordinary Paracelsus. The revival of letters had brought with the doctrines of the ancient philosophers and physicians such an extreme veneration for their authority, that this feeling threatened to chain the human mind for ages. In philosophy, these chains were broken by Bacon and others. Paracelsus had a career as extraordinary as his doctrines. He boasts that at a very early period he had traversed Spain, Portugal, Prussia,

Poland, Hungary, and other countries. He undoubtedly picked up some valuable chemical secrets from the empirics of his time. His doctrines, with the single exception perhaps of that of tartar emetic, which really does him credit, are an absurd combination of the wildest and most extravagant notions regarding the vital spirit, the influence of planetary bodies, etc. The best part of Paracelsus was his knowledge of therapeutics; perhaps you remember his name in connection with the tincture of aloes and myrrh. "The Elixir Proprietatis of Paracelsus."

> "One full-sized bottle stood upon the shelf,
> Which held the medicine that he took himself;
> Whate'er the reason, it must be confessed
> He filled that bottle oftener than the rest;
> What drug it held I don't presume to know,
> The gilded label said "Elixir Pro."

About the sixteenth century, medical men might on the whole be divided into two classes, the fanatical innovators, like Paracelsus, and those who defended the authority of the ancients with equal fanaticism. The lever used by the former was chemistry, and the new remedies which this science was continually making known; hence the battle between the two parties was fought on this ground. Of the almost incredible lengths to which men were led in the controversy between the Chemists and the Galen-ists, we have an example in Guy Patin, who was the zealous opponent of the new doctrine. He has not given us a refutation of chemical medicine, but many proofs of the irreconcilable and blind hatred which he entertained for the chemists of his time. He always speaks of his opponents as malefactors, and doubtless would have treated them as such. He boasts that he never administered an antimonial preparation, and maintains that antimony had slain more men than a long war. His *Martyrologium Antimonii* is a record of the deaths and misfortunes caused, according to him, by the detested drug. At length, in 1666, a formal vote of the faculty of Paris sanctioned the use of antimony.

When, after the long night of barbarism which followed the downfall of the Roman Empire, the flight of the learned Greeks before the conquering Ottomans carried the study of the ancient writers into Europe, the arts had been gradually making great progress, and the effect of the lessons derived from antiquity upon

the minds of the energetic nations of the West was very different from what it had been with the slavish and degraded Greeks. Still, for a long time after the revival of letters, the aspect of science was very much as it had been in Greece. The scholastic controversies of the middle ages were passing away, but the doctrines of the ancient sects were professed in the universities of Europe, and Aristotle in particular was almost worshiped, and his works esteemed a sort of bible of science. Great stress in particular was laid on his physics, the worst part of his philosophy. But the alchemist had laid the foundation of an experimental study; several reformers had attacked the doctrines of Aristotle; some experiments had shown the fallacy of his physics, and, above all, the arts had become capable of furnishing real aid to the inquirer. Great observers, like Vesalius and Gilbert, flourished. Then arose Bacon; he proclaimed the omnipotence of common sense; he showed the madness of the dogmatists, the extravagance of the alchemists, and the pedantry of the schools; he boldly attacked the peripatetics or Aristotelians, who occupied nearly all the chairs of the universities; he insisted on the necessity of observation, and especially, he showed the value and power of experiment. He always kept in view the great importance of medicine, and exhorted its cultivators to work in the right direction, and abandon vague speculation and too great reliance on authority.

> "Trust not the frantic or mysterious guide,
> Nor stoop a captive to the schoolmen's pride;
> On nature's wonders fix alone thy zeal,
> They dim not reason."

In considering the share of merit due to Bacon and to the illustrious confederates, who, nearly contemporaneously with him, labored to change the direction of the energies of mankind, the first place is surely due to the immortal author of the Novum Organum. He was the legislator of science. Others joined in the glorious enterprise, but he gave permanence to the efforts of all. In the battle array against the peripatetics, he was the general, though there were others, brave soldiers. In building up the edifice of science, he was as the architect, they the skilled workmen; or, while such as Galileo acted as the grand pioneers who leveled the paths of science and removed the obstacles, Bacon, aloof, as from a lofty tower, planned and directed the march of the intellect.

The views of Lord Bacon on the subject of medicine are peculiarly worthy of our attention, and we may, I think, clearly trace these views in operation in the succeeding age in the language and the actions of the true restorer of Hippocratic medicine, the great Sydenham. Bacon's views on the subject will be found principally in his *De Augmentis Scientiarum*, but they are scattered through all his works, and his philosophy is now felt in all the departments of medicine, as well as other sciences.

Bacon states medicine to be necessarily a somewhat conjectural art, because it has to deal with a subject extremely complicated, and subject to many variations. He deplores the want of fidelity and attention on the part of observers, who ought to endeavor to present correct pictures of disease, instead of attaching such value to opinions and hypothesis. Accounts of disease should not be too prolix, mentioning things of no consequence and of daily occurrence, neither should they be too brief and meagre. In fact, many things not new in themselves, may be observed in new lights, so that descriptions should not be confined to extraordinary events.

Bacon particularizes the neglect of morbid anatomy in his time, and the exclusive tendency to a humoral pathology which prevailed. He exhorts medical men to a more particular study of the diseases reputed incurable, so as to try and find out more powerful means of cure, and thus diminish the number of quacks—a piece of advice which is not without value at present. He complains of the want of real power in the medicine of his day, and attributes the success of quacks to this cause. Perhaps those who formed themselves on the model of Bacon, entertained too great a repugnance for speculation; but, especially in that age, this was the safe error. As we can attribute the spirit which produced a Harvey, a Locke, and a Boyle, to the direct influence of the writings of Bacon, whose followers threw themselves on the vast field of science indicated by the author of the *Novum Organum*, as the Spaniards in the age after Columbus rushed on the new world, so we may reasonably attribute to the same influence, the peculiar character which the genius of Sydenham assumed. The following passages show how thoroughly Sydenham was imbued with the spirit of the Baconian philosophy.

He says: "As truly as the physician may collect points of diag-

nosis from the minutest circumstance of the disease, so truly may he elicit indications in the way of therapeutics. So much does this statement hold good, that I have often thought that, provided with a thorough insight into the history of any disease whatsoever, I could invariably apply an equivalent remedy. A clear path being thus marked out for me by the different phenomena of the complaint, these phenomena, if carefully collated with each other, lead as it were by the hand, to those palpable indications of treatment which were drawn, not from the hallucinations of our fancy, but from the innermost penetralia of nature."

Sydenham continues: "I am far from denying that the physician ought to attend diligently to particular cases in respect to the results both of the methods and of the remedies which he employs in the cure of disease. I grant, too, that he may lay up his experience for use, both in the way of easing his memory, and seizing suggestions. By so doing, he may gradually increase in medical skill, so that eventually by long continuance and frequent repetition of his experiments, he may lay down and prescribe for himself a method from which, in the case of this or that disease, he need not deviate a single straw's breadth. Nevertheless, the publication of particular observations is in my mind of no great advantage. Where is the particular importance in just telling us that once, twice, or even oftener, this disease has yielded to that remedy. We are overwhelmed, as it *is*, with infinite abundance of vaunted mediciments, and here they add a new one. Now, if I repudiate the rest of my formula and restrict myself to this medicine only, I must try its efficacy by innumerable experiments, and I must weigh in respect to both the patient and the practice, innumerable circumstances, before I can derive any benefit from such a solitary observation."

Such are the words of the great Sydenham. Given in plain American, they simply mean that when he knows exactly what's the matter, he finds little difficulty in treating the disease. In this spirit of medical philosophy must every one be content to labor, who is really desirous of advancing his profession, and earning a durable reputation.

Far different has been the method pursued by empirics and greedy speculators on the misery and weakness of mankind. Their object is not to advance truth, but to acquire the name of curing

disease, and *this* is within the power of any one, either in the profession or out of it, who is sufficiently bold and unscrupulous.

> From powerful causes spring the empiric's gains,
> Man's love of life, his weakness and his pains;
> These first induce him the vile trash to try,
> Then lend his name, that other men may buy;
> This law of life, which in our nature rules,
> To *vile imposture* makes us dupes and tools;
> Then pain compels th' impatient soul to seize,
> On *promised* hopes of instantaneous ease;
> And weakness, too, with every wish complies,
> Worn out and won by *importunities*.

ARTICLE II. — *Clinical Lectures on Diseases of the Ear.* By E. L. HOLMES, M.D., Professor of Ophthalmology and Otology, Rush Medical College, Surgeon to Illinois Charitable Eye and Ear Infirmary.

DIFFUSED INFLAMMATION OF THE EXTERNAL MEATUS.

Gentlemen—You have recently examined carefully several cases, like the one now before you, of this very important disease. In speaking of these cases, I have previously drawn your attention to their principal features.

By diffused inflammation is meant, as you are aware, an inflammation of the lining membrane of the external meatus, not confined to a small space as in furuncle, but extending usually over the greater portion of this membrane.

You have observed, on hearing the history of the cases, that the symptoms, both subjective and objective, vary much in different individuals. Pain is sometimes absolutely wanting, and sometimes excruciating. There is often simply an unpleasant irritation. There is also great difference as regards swelling. In one case you observed the soft tissues so swollen that the meatus could scarcely be examined—the tumefaction extending even to the external ear and mastoid. In other cases there was scarcely any swelling.

There is seldom absence of purulent discharge after the first few days. The poorer classes of patients, who apply for aid at the dispensary, almost invariably treat "ear-ache" with "domestic" remedies; cases without pain are wholly neglected; hence but two or three patients have applied for treatment before the discharge has appeared.

The hearing is almost invariably impaired—subjective sounds—tinnitus—appearing as the hearing begins to suffer.

In the earlier stages there is a congestion and redness of the walls of the meatus, especially near the membrana tympani, which generally extends to the membrana itself. If you have an opportunity of watching a case in this condition from day to day, you will observe that soon there is slight puffiness of the cuticle, followed by a watery discharge. The cuticle, both of the meatus and membrana, soon begins to appear white and often wrinkled. After a time the whole cuticle is thrown off, the surface becomes ulcerated, and the discharge more purulent in appearance.

The most frequent cause of this disease is exposure to changes of temperature, as in sleeping in a draught, or riding in a car by an open window. It is very frequently the result of exanthematous diseases, especially scarlatina. The repeated recurrence of furuncle in the ear sometimes leaves the meatus extensively inflamed. Burns and injuries are not an infrequent cause of this affection. In individuals of a scrofulous or syphilitic diathesis, the above exciting causes are especially active.

From your knowledge of the anatomy of the ear, the delicacy of the structures within the membrana tympani, you can readily comprehend what may be some of the results of inflammation. The membrane may be simply thickened; it may be more or less injured from perforating ulcers. In proportion as this occurs, and the inflammation extends to the middle ear, will hearing be affected. Caries of the walls of the meatus is an occasional, and polypus not an infrequent, result.

In the great majority of patients, otherwise well, the prognosis is good. Without treatment the disease must be regarded as serious. You have observed, from the history of the cases in the clinic, that the disease has been too often neglected, until the organ has been seriously injured.

The treatment, upon the whole, is very simple. In the early

stages of the inflammation, in cases where there is great pain in and about the ear, with swelling and redness, a few leeches should be applied to the tragus or its vicinity, the external meatus having first been closed with cotton. Where these symptoms are not marked, local blood-letting is unnecessary. Within the first thirty-six hours, a hot bath, followed by a mild cathartic and diuretics, will often do much good. In a later stage these remedies will be less beneficial.

Of very great importance for the relief of pain is the use of warm water in and around the ear. A few drops of the water, as warm as can be well borne, should be turned into the meatus every few minutes, and cloths dipped in hot water applied over it. If there is a painful throbbing, with fever, veratrum viride or aconite, in appropriate doses, aids in giving relief. Pain may be allayed by subcutaneous injections of morphine.

As soon as the discharge commences, frequent injections of warm water should be employed to insure its removal. The purulent matter, if allowed to remain in the meatus, soon becomes decomposed and very irritating. It has often an offensive odor, which may be removed by a solution of carbolic acid or permanganate of potash.

To arrest the discharge, a few drops of a warm solution of alum or acetate of lead, ten to twenty grains to the ounce, should be turned into the ear three or four times daily. The meatus should each time be first carefully syringed with warm water and dried with a tuft of cotton on the end of a fine probe. A convenient way to warm the solution is to put a few drops of it in a teaspoon and hold it over a burning match, care being taken that they do not become too hot.

Other astringents—tannin, sulph. zinc, etc.—are often beneficial, although the two just mentioned are perhaps preferable.

If the patient is in good health, there is little necessity in this stage of the disease for internal treatment. Otherwise, as in cases of scrofulous or syphilitic diathesis, the specific remedies should be given.

The disease is especially obstinate in children living in crowded and ill-ventilated apartments, with insufficient clothing and improper food. Treatment, which is so beneficial in ordinary cases,

is almost useless with such children unless they can be placed in proper hygienic relations.

Whenever the walls of the external meatus and of the membrana tympani present a red and quite rough surface, analogous to "granulated lids," a solution of nitrate of silver, ten to twenty grains to the ounce, should be carefully applied over the diseased surface by means of a tuft of cotton on the end of a probe. Great care is required that the solution be not introduced too freely.

After the granulations have disappeared, the milder astringents are sufficient.

In our next lecture, we will bring in review the various cases we have seen of disease in which affection of the membrana tympani was a complication, and will consider the anatomy and physiology of this important structure.

ARTICLE III. — *St. Luke's Hospital.* Excision of first phalanx of right thumb. Excision of heads of bones composing the second phalangeal articulation of the forefinger. Urinary calculus; lithotomy; disorganization of kidneys; vesico-perineal fistule; death. (Under the care of JNO. E. OWENS, M.D.)

W. N., aged 28 years, sustained a contusion of the right thumb. The case terminated in necrosis and caries of the first phalanx. Upon admission, two weeks after the accident, the thumb was very much swollen, purplish, and discharging pus from three or four fistulous orifices. Two weeks subsequent to admission, the first phalanx, in its entirety, was removed through a straight incision on the dorsum of the thumb. At the end of nine weeks from the date of admission, the wounds had completely healed, with the following result:

The thumb was straight; distance from styloid process of radius to the end of the thumb was four inches, being one inch shorter than that of the other hand. The patient is able to approximate the end of the thumb to the ends of the fore and middle fingers. He

will be able to perform the same with the ring and little fingers. He has the power of flexion in a very slight degree at the new joint. The muscles, after the operation, gradually approximated the distal phalanx and the meta-carpal bone.

The thumb is of special importance, and if only a single finger is left to oppose it or any part of it, great use may still be made of the hand.

M. G., aged 25 years, was admitted with a felon, and caries of the articulating surfaces of the bones composing the second phalangeal joint. On the day of admission, a straight incision was made in the palmar aspect of the forefinger, the diseased portions of the bone cut off with the bone forceps, and the wound closed with adhesive plaster. Three weeks after the operation the finger had recovered, with the power of flexion and extension.

A. P., aged 24 years, Canadian, married, was admitted with the usual subjective symptoms of stone in the bladder, viz., pain in the glans penis, at the lower part of the back, in the perineum, and over the pubis, the pain being more severe at the end of micturition; frequency of micturition, (55 times during the first day in the hospital); occasional hæmaturia; sudden stoppage of the passage of water. The urine was not albuminous. The symptoms were increased by exercise, but a carriage ride increased them to a greater degree. At the age of 12 years, the patient remembers to have had frequent and painful micturition, from which symptoms he suffered more or less annoyance to the date of admission to the hospital. About four years ago he passed a stone, the size of a pea and frequently saw sand in the bottom of the chamber, and occasionally blood. The patient was thin, sallow, irritable, and hyperæsthetic. So excessive was the irritability of the urethra, that the gentlest instrumentation was followed by urethral fever. A rigor was excited merely by manipulating the glans penis. Only once did we succeed in the introduction of a sound without the use of an anæsthetic, and then the patient suffered most intensely.

A week after admission, the unilateral operation was performed and a phosphatic stone extracted, $1\frac{3}{4}$ in. long, $1\frac{1}{8}$ in. wide, $\frac{3}{4}$ in. thick, $3\frac{1}{16}$ in. circumference, and weighing dr. vj, grs. xij. Morph.

sulph., gr. ss, injected beneath the skin of the shoulder, produced sleep in five minutes. Suffice it to say, that, although the local symptoms after a time subsided, the patient loathed the very sight of nourishment, and that, too, in spite of the administration of tonics and the exhibition of the most tempting food. Two weeks after the operation a diffuse abscess in the right arm was opened, and three weeks after, slight œdema of the legs appeared. Rheumatic pains of right shoulder and left leg supervened, and, although not severe, caused more or less annoyance to the patient.

Four weeks subsequent to the operation, the patient died. Diarrhœa, with involuntary discharges, and coma, closed the scene. The wound in the perineum never entirely closed.

Autopsy. Chronic inflammation and thickening of the bladder; a vesico-urethral fistule, size of a No. 3 catheter; right kidney had degenerated into a membranous sack, and the secreting structure of the left was almost entirely disorganized. The cause of death in this case was organic disease of the kidneys, and it is a matter of surprise that a patient can live so long with such extensive disorganization of these great emunctories.

There was, in this case, a prominent symptom which I did not at the time fully appreciate, viz., the general hyperæsthesia and the severe urethral fever or rigor which constantly followed slight urethral irritation. The patient to the time of his death was in a constant state of *noli me tangere*. Many cases, not only of diseases of the urinary organs, but also of surgical affections generally, in which this general hyperæsthesia was a prominent symptom, have taught me to look upon this symptom as indicative, in many cases at least, of organic renal disease. I can call to mind at this time a significant case. The patient, a woman, had chronic inflammation of the knee joint. General hyperæsthesia was a prominent symptom, on which account we delayed excision of the joint. A short time afterwards, the patient dying, the kidneys were found to be nearly as much disorganized as those in the former case.

Organic disease of the kidneys, more than that of any other organ, is the cause of fatal results, after surgical operations, often in their nature trivial.

ARTICLE IV. — *Remarkable Surgical Case, with Operation by Prof.* FREER, *assisted by Prof.* POWELL. *Cook County Hospital Clinic, May* 10, 1872. Reported by JOHN E. O'BRIEN, M.D.

HISTORY OF THE CASE.

The patient—Wm. Jansberg, aged nineteen; German; laborer; admitted May 7th—states that he has been subject to a swelling in the right iliac region at intervals for ten years; it occurred often, but he was always able to reduce it himself, except on two occasions, when he had to call a surgeon who was successful in reducing the tumor each time by taxis. Patient has worn a truss since last fall.

On the 6th inst. he was engaged in lifting a good deal all day, and riding home in a wagon afterwards, he suddenly found his tumor rising up more suddenly, in greater size, and with more tenderness than ever before; his efforts at reduction were futile, and on admission to the hospital he presented an irreducible tumor in the right iliac region, and his condition on the day of operation, as shown by Prof. Freer to the class, was as follows:

"This patient presents in the right iliac region a tumor of the size of a fœtal head, oblong in shape, its long diameter running from a point one inch above the centre of Poupart's ligament, outwards and upwards to a point two inches superior and internal to the anterior superior spinous process of the ileum; he is suffering from obstruction of the bowels, has vomited twice during the night, has the anxious features and hurried respiration and the great local tenderness peculiar to strangulated hernia. One important sign of complete strangulation he does not present, however, namely, the rapid pulse which usually attends it—his pulse counts only sixty beats per minute; we therefore conclude that the coil of intestine, which we here find compressed and irreducible in this unusual situation, is not yet completely strangulated.

"The question now arises as to what structure forms the stricture of this hernia: is it the internal abdominal ring? His right testicle has never descended through its inguinal canal; such a condition is usually considered a safeguard against hernia, and it is the

rarest thing in the world to find the two, an undescended testicle and a hernia, incarcerated together in the inguinal canal.

"Suspend judgment for the present as to whether the hernia has escaped through the internal ring or not, and call to mind what other constriction a hernia in this high, unusual situation, might have. A knuckle of intestine may pass through some space in or between the abdominal muscles; the causes of such lesions being various, and the records of recovery after operation in such cases, being unfavorable. The books also speak of loops of intestine passing through the mesentery, and through false membranous bands, the product of peritonitis. Sometimes the vermiform appendix forms, by adhesion to some neighboring structure, a loop through which a knuckle of intestine may slip, and swell and become strangulated.

"This tumor is far removed from the location of an inguinal hernia, but what the cause of constriction is can only be demonstrated by an exploratory incision. One thing is certain, that the patient will die if we do not operate; and the longer we defer the operation, the more rapidly will the chances of successful operation diminish, for obvious reasons."

Observing that "we must be careful to stanch all hemorrhage as we proceed into the abdominal walls before opening the peritoneum," Prof. Freer made an incision, four inches long, upon the long axis of the tumor, viz., upward and outwards, dividing the skin and sub-cutaneous tissues, and exposing the aponeurosis of the external oblique; this, and the cellular tissue beneath, having been divided upon a director to the extent of the first incision, the slight hemorrhage which followed was arrested by torsion by Prof. Powell, and the pale semi-tendinous fibres of the internal oblique showed themselves. Remarking that "we must keep the relation of the epigastric artery (internal to our incisions) in view," Prof. Freer divided the internal oblique and the transversalis muscles upon a director, and the sac was exposed, lying in the region described, and upon the transversalis fascia, which it had bulged back into the abdomen as much as the muscles had been bulged forward. Opening the sac, a large quantity of serous accumulation escaped; the intestine was found congested but not in a stage of exudation; with it, was a large portion of omentum partly strangulated, and darkly congested, but showing no inflam-

matory exudate; and with these, a healthy-looking testicle, lying in the wound.

Tracing the back of the tumor downward and then backward, Prof. Freer found the stricture to consist of a hard, dense, contracted ring in the transversalis fascia, into which he succeeded in introducing first one forefinger and then another; all efforts failing to stretch the stricture sufficiently for the return of the intestine, Prof. Freer, with a probe-pointed bistoury, incised the upper edge of the ring, and Prof. Powell raising the truant intestine in his persuasive fingers its fluids gurgled back into the abdomen, whither it gradually followed.

The omentum was then carefully examined, and it was decided that it might be returned; the testicle was left in situ in the wound, and the latter neatly sewed up with seven stitches.

The hernia had escaped through an opening in the transversalis fascia formed by the testicle, in place of an inguinal canal, and worked its way upward between the transversalis fascia and muscle. This opening was no doubt started in fœtal life by the testicle resting against the transversalis fascia; where, finding no exit by the usual route, it worked a pouch upward, carrying with it the peritoneum as a *tunica vaginalis*, which pouch was afterwards filled and enlarged by the hernia and serous accumulation. The point of transversalis fascia upon which the testicle impinged may possibly have been the site of the internal ring, but Prof. Freer believes it to have been another and higher point. But this cannot be certainly determined as the patient is now, May 17th, recovering well from the operation.

ARTICLE V. — *Removal of a Fibro-cellular Tumor from the Recto-Vaginal Septum.* By A. REEVES JACKSON, M.D., Surgeon-in-Chief of the Woman's Hospital of the State of Illinois.

Mary W., aged thirty-two years, was the mother of four children, the youngest of whom was five years old. Had never miscarried. She commenced menstruating at fifteen, and the discharge had

always been regular and unattended with more than the usual amount of pain. Her general health had been uniformly good. Three years before—two years after the birth of her youngest child—she first became conscious of a difficulty in defecation, which steadily increased, until at last, unless the dejections were quite soft, she found it almost impossible to void them. The vagina had become so occluded as to render intercourse difficult or impracticable. The bladder was occasionally irritable, but not in a marked degree.

On passing a finger into the vagina it came at once in contact with a smooth, slightly-elastic, rounded body, which filled a large portion of the lower pelvis. Carrying the finger up behind the symphysis pubis I could feel the cervix uteri pressed upward and forward and lying upon the tumor, or rather, between it and the anterior vaginal wall. The growth was slightly movable upward, and not at all sensitive to pretty firm pressure.

An examination by the rectum elicited similar information, but here the finger passed with great difficulty between the tumor and the posterior wall of the bowel, showing clearly that the former was imbedded in the recto-vaginal wall.

On the rectal aspect of the tumor I could distinguish two or three depressions or grooves running in different directions as though it were irregularly lobed. I was unable to detect any fluctuation.

Feeling uncertain as to the nature of the growth, I pushed an exploring trocar into it through the rectal wall. The structure was tolerably dense, so that I was obliged to use considerable force. The instrument brought away only a few drops of blood.

Removal was decided upon, and after two days, which were passed in bed, and during which time a full dose of purgative medicine was given, I proceeded to operate, September 16, 1865, with the assistance of Drs. A. Levering and P. M. Bush. The patient declined taking an anæsthetic, thinking she would be able to undergo the operation without.

Placing her on her back upon a table the knees were drawn up and held apart. I then introduced two fingers of the left hand as far as possible into the vagina. A long-handled, probe-pointed bistoury was then passed up between the fingers, and the knife, guarded and guided by the fingers, was pressed firmly against the

tumor, making, as it was withdrawn, an incision about three inches long, extending through the vaginal wall. By means of a separator, consisting of a blade of ivory somewhat resembling an overgrown finger-nail attached to a strong handle, and the fingers of first one hand and then the other, I endeavored to separate the capsule from the growth in every direction.

To a certain extent this process of enucleation was not difficult, but I found after a time that in order to complete the operation it would be necessary to introduce the entire hand into the vagina. The attempt to do this gave the patient so much pain that she at last consented to take chloroform, which was accordingly given. After she became unconscious I succeeded in dilating the vaginal orifice sufficiently to enable me to introduce the hand far enough to complete the enucleation, the last steps being greatly facilitated by passing a finger into the rectum and pressing the tumor forward and downward. In this way much aid was given also in the expulsion of the growth from the vagina which was accomplished before the patient awoke.

The tumor was about the size of an orange, and weighed seven ounces. It was composed of three lobes of varying size separated by well-defined partition walls, the situations of which were marked on the surface by distinct sulci. On cutting into the growth the basis-substance was seen to be of a yellowish-green color, and of varying degrees of density, having in some places a whitish solid appearance, and in others seeming loose and œdematous. White shining bands were seen traversing this substance in various directions, mostly irregularly, but in some parts assuming a wavy form. The cut surface, after being exposed to the air a few minutes, exhibited small drops of serous fluid oozing from the more succulent parts, and making more distinct the white bands of fibrous tissue as these latter became more consolidated.

Very little bleeding occurred during the operation, and the patient rallied satisfactorily from the effects of the chloroform. The edges of the vaginal wound were united by four silver-wire sutures—too small a number, as I afterwards thought, but the incision appeared to close so naturally that any retentive means seemed almost unnecessary.

The vagina was syringed daily with tepid water, and the bowels were confined by the exhibition of quarter grain doses of morphia every morning and evening. The diet consisted exclusively of soda crackers and green tea. The patient suffered considerably during the first four days from flatulence, but otherwise had no inconvenience except from slight pain.

22nd—9 A. M. Did not sleep well last night. Complains of more pain, which she locates in the rectum, and which she thinks would be relieved by an evacuation. Pulse quick; skin hot and dry; tongue covered with a whitish fur. Order a full dose of castor oil, to be followed in four hours by an enema of diluted ox-gall. Also to have cooling medicines during the day.

7 P. M. Find her much relieved. On the introduction of the syringe pipe she had felt a sudden sharp pain, which was immediately followed by a discharge of two or three teaspoonfuls of pus. It was plain enough now. The nurse had opened an abscess—exactly what I ought to have done ten hours before. The bowels had been freely moved, and the febrile symptoms had nearly disappeared.

A few days afterwards the patient informed me that intestinal gas was escaping from the vagina, and that on one occasion a small quantity of feculent matter had also taken this course. An examination revealed a recto-vaginal fistula at the site of the abscess, the opening being sufficiently large to permit the passage of the little finger.

I made an application of nitrate of silver to the edges of the fistula on three occasions during the time the patient remained under my care, with the effect of lessening somewhat the size of the opening.

She returned to her home (nearly sixty miles distant) and I did not see her again until the following July, when she returned, by advice of her physician, for the purpose of having an operation done for the cure of the fistula. Nitrate of silver and other stimulating applications had been sedulously used, at intervals of a few days, but without success.

The usual operation was performed. The patient was placed on her back, and the parts being in a good light, the fistula was exposed by means of a bivalve speculum placed in the vagina.

The edges of the opening were freely pared, and beveled at the expense of the vaginal mucous membrane. They were then brought together and retained by means of six silver sutures. The subsequent treatment consisted in keeping the bowels quiet by the daily administration of opium and the cleansing of the vagina by irrigations of tepid water. The sutures were removed on the tenth day, and union was found complete.

785 Michigan ave.

ARTICLE VI. — *Uræmic Poisoning.* By A. FORD, M.D., Boone, Kent county, Michigan.

Feb. 11th, 1872. Mr. M. came into my office with his daughter 11 years old, for advice.

Symptoms. A slight puffiness of the face and some swelling of feet and ankles. Parents had noticed the swelling for a week. Child said she was not sick; had no pain except occasionally a little in the region of the heart; bowels costive, and urine scanty. Prescribed a cathartic, and a diuretic of acetate of potassa, which relieved the symptoms for the time.

On the morning of the 17th was summoned in great haste. C—— was having convulsions. Found the symptoms the same as at first, with entire suppression of urine, and patient vomiting every thing she swallowed. Spasm of both voluntary and involuntary muscles, lasting from three to five minutes, and recurring every half or three-fourths of an hour. Gave morphine, one-fourth grain, but it was immediately rejected; used chloroform to control the spasms—it would stop them within about one minute. Stayed with the patient, and sent for Dr. M. for council. For three or four hours the patient was conscious between the fits, after that she was comatose.

Near night, Dr. M. came, and confirmed my diagnosis of poisoning from non-elimination, and accumulation of urea. Used morphine, one-fourth grain, by hypodermic injection, and repeated it in one hour and a half; in three hours repeated it again. The vomiting having ceased, gave fluid ext. Aralia Hispida, dr. ss.,

once in two hours, and R. fluid ext. Verat. Viride, gtts. ij; fluid ext. Belladonna, gtts. j, in a teaspoonful of water once in two hours.

Interval between the convulsions increased to one hour and a half till ten o'clock, P. M., when they ceased. Continued same treatment through the night and next day. Toward evening found a fullness in the region of the bladder, and at seven o'clock, P. M., used the catheter and drew off twenty-four ounces of very dark-colored urine. During the night she passed urine three or four times, saturating a large folded sheet each time. Continued treatment, but only gave medicine half as often.

She remained unconscious for three days, and then the coma gradually left her. The dropsy subsided, and she convalesced finely.

Selections.

Intussusception—Novel Treatment—Success. By ALFRED W. TALIAFERRO, M.D., of San Rafael, Cal.

The following case of invagination of the gut, occurring in the State Prison Hospital, is sent because of the novelty of the treatment adopted and the success attending it. On June 8, 1871, in making my usual visit to the prison, I found in hospital, T. S., æt. 24, admitted fourteen hours previously, apparently suffering from a severe cramp colic, and from which he had obtained no relief. Not doubting but that this was a simple case, I ordered the usual remedies without making a very careful examination. The next day he was still suffering intensely and vomiting; there had been no action of the bowels, although the most active medicines had been given by the mouth and as enemata; the hypodermic administration of a grain of morphine had given him a few hours of sleep and ease.

A careful examination revealed a mechanical obstruction in the bowels which I diagnosed as being at the ilio-cæcal valve, the intense pain being confined to that spot, and an examination per anum demonstrated that the rectum and sigmoid flexure of the colon were free. All efforts to remove this obstruction proved

abortive. During the evening he commenced vomiting large quantities of fæcal matter.

On the 11th, he was in a state of collapse, and I returned to San Rafael with no hopes of finding him alive at my visit the next morning; therefore I was greatly surprised on my return to find him not only alive, but in a comfortable condition, and with free evacuations from the bowels! This favorable change was due to the treatment adopted by Wm. Lebur, my steward in the hospital. Lebur reported that as everything directed by me had failed to relieve the patient, and in consequence of his desperate condition, he had ventured, on the evening before, the experiment of inflating the intestines with the *effervescing draught*, in order that the obstruction might be overcome! This was effected by injecting into the rectum a strong solution of bicarbonate of soda, then a strong solution of tartaric acid, and preventing its egress by making rigorous pressure against the sphincter ani. The result of this experiment was the instant removal of the invagination, and free catharsis.

The principle of this treatment becomes obvious when we reflect a moment, and I wonder that it has not been in general use. Our chief aim, in this disorder, being to remove obstruction by inflation of the bowels, what method is there more potent than the one used in this instance?*

Lebur is a U. S. prisoner from Oregon, and although he had practiced medicine in that State before he became a prisoner, he is by no means a "regular." He claims this treatment as original; and as far as he is concerned, I believe that it did originate with him on this occasion.

* Historical note by Editor. In 1726, Dean Swift wrote Gulliver's Voyage to Laputa. The description of Gulliver's visit to the Grand Academy at Lagado is graphic; among other things, he says: "I was complaining of a small fit of the colic, upon which my conductor led me into a room where a great physician resided, who was famous for curing that disease by contrary operations from the same instrument. He had a large pair of bellows, with a long slender nozzle of ivory; this he conveyed eight inches up the anus, and drawing in the wind, he affirmed he could make the guts as lank as a dried bladder. But when the disease was more stubborn and violent, he let in the nozzle while the bellows were full of wind, which he discharged into the body of the patient, then withdrew the instrument to replenish it, clapping his thumb strongly against the orifice of the fundament; and this being repeated three or four times, the adventitious wind would rush out, bringing the noxious along with it (like water put into a pump), and the patient recovered. I saw him try both experiments upon a dog, but could not discover any effect from the former. After the latter, the animal was ready to burst, and made so violent a discharge as was very offensive to me and my companion. The dog died on the spot, and we left the doctor endeavoring to recover him by the same operation."

We fear, from the last sentence, that the "great physician" was homœopathically inclined.—Ed.

On consulting various authorities, I find only in "Wood's Practice of Medicine," third edition, any account of similar treatment. It is a simple mention of a report made by Dr. Tate, in the *Georgia Southern Medical Journal*, of a successful case treated in this manner.

Lebur's reading is limited, and I must believe his assertion that his action in this case was not based on any information he had received from books or hearsay. I give *literatim* a portion of the report of this case he made me in writing, because for style, for reasoning from cause to effect, and for other little disquisitions, there is nothing in our medical literature so unique:

"At 9 oclock at night June 11th I gave the following prescription R

	Carbonate of Soda . .	oz iv	
	Aqua	Oij.	
Also R	Tartaric Acid . . .	dr ij	
	Aqua	oz xviij	Mix.

Sigma; First inject one third of the lixivium in the rectum. then before withdrawing the Syringe grasp a sponge in the hand and press it with considerable force against the fundiment to prevent the return of the effervescing gass untill the Patient complains of pain or extreme anxiety to evacuate the bowels or rather untill the abdomen becomes considerably distendid. it will then be necessary to remove the sponge immediately. at which time there will be a profuse evacuation of the bowels: if Eructations from the Stomach or Singultus, or Cramping of the bowels Supervene the abdomen Should be immediately bandaged with very moderate force, otherwise the Counter pressure mite cause an eruption of the bowels or wholly impeed respiration by the upward pressure against the Diaphragm. in the case under consideration the patient ejected wind from the Stomach and began to hiccough and water ran from the eyes. now the question arrises whether the effervescence passed through the ilio-colic valve or not, or whether the distendid and upward pressure of the bowels against the Stomach and Diaphragm. caused the belching and hiccough or not; the Patient could not breathe untill the Sponge was removed to give vent to the Enema which was repeated three-times within half an hour. one third of the foregeing amount Specified was given at each injection as above mentioned. Since the time the enema was given on the night of the 11th the patient has had evacuations of the bowels two or three-times a Day until recently: they are now regular once a Day. he appears very weak Pulse averageing about 100; appetite good.

(Signed) "WM. LEBUR."

"To Dr. Taliaferro."

I, of course, would not suggest such heroic doses as were given here, for there is no wonder that the tears ran from this poor fellow's eyes; but would advise a trial of this plan in a more conservative way. I have had occasion since to try it with a female prisoner in a case of obstruction, supposed to be either from invagination or a twist in the intestine, but the case was not sufficiently pronounced for me to feel sure that it proceeded from either of these causes. For two days I tried the most active purgatives and enemata without any effect; remedies were also used for allaying spasm of the bowels; she suffered intense pain over the whole abdomen, but there was no vomiting. With the light of Lebur's experiment before me, I ordered the trial of the effervescing mixture, but not in such *blasting* doses. A pint of water with two drachms of soda, and the same amount of water with a drachm of the acid, were alternately introduced into the rectum. In an hour there was a copious evacuation from the bowels, and the woman had no further trouble.

I hope the publication of these cases may induce others to try this mode of treatment, as I feel sure it will prove more efficacious than any other that has been tried in this very fatal disorder.

The poor fellow, T. S., had slight diarrhœa for a few days, was relieved and seemed in a fair way to recover, but inflammation of the parotid gland set in, extensive suppuration ensued, and he sank from exhaustion on the 25th June. Could this condition of the glands have been accidental? It is more rational to assume that there was inflammation of the gut near its seat of trouble; that exudation of morbific matter followed as a result, and, entering the circulation, had acted as a blood poison on these glands. There was no other evidence of pyæmia in this case; none of the other glands of the body were affected, and there was no redness or inflammation along the course of any of the veins.

I regret that I was absent from the county at the time of his death, as a *post mortem* would probably have fully settled the question.—*San Francisco Western Lancet.*

Clinical Lecture on the Significance of Uterine and Vaginal Discharges. By ROBERT BARNES, M.D., Obstetric Physician to St. Thomas's Hospital, etc., etc.

Discharges of Air.—Air may get into the vagina, if not into the uterus, in the non-pregnant state. In the normal condition the walls of the vagina are maintained in perfect contact, and no air, or probably very little, is admitted. But where the parts are

greatly relaxed, the vulva open as when the perineum is torn, the lower part of the vagina is no doubt exposed to the contact of air. But the very condition of patency prevents the retention of the air to such a degree as to lead to its escape in perceptible volume. Air also penetrates where too large a pessary is worn, which keeps the vaginal walls apart. But under peculiar circumstances air enters in large quantity, to be expelled with noise. Dr. George Harley details* a curious case in which he carried out decisive experiments to prove the correctness of the diagnosis. A pluripara frequently expelled air from the vagina with a loud noise. It was ascertained that no connection existed between the rectum and vagina. Dr. Harley took a full-sized male catheter, to which was attached a long India-rubber tube with a stopcock at the other end. The catheter was introduced into the uterus, the end of the tube with the stopcock being placed in a tumblerful of water. No air escaped when the instrument was in this position; but, on placing the open end of the catheter in the vagina, an instantaneous discharge of gas took place. The water was found to be sucked up through the tube into the vagina. It was found that the vagina sucked in and expelled the air by spasmodic action. It was further observed that the abdominal muscles assisted in the suction process. The uterus was completely retroverted. This displacement being remedied, and the patient's health improved by tonics, a cure ensued.

If you observe the vagina when the duck-bill speculum is applied, you will see movements of rise and fall under the influence of the rise and fall of the diaphragm. Dr. Adolph Rasch has investigated† the phenomena with great care. He says, if a multipara whose genitals are normal be placed on her back, with the thighs flexed and abducted, and the vaginal orifice closed, movements caused by respiration are seen, but no air enters. In the lateral position the same thing is observed even if the vagina is lax, and even when the perineum is ruptured. When the patient is placed in the prone position, or on all-fours, if the vulva be open, air will enter, because the intestines falling downwards by gravity cause a vacuum. Under this condition violent exertion may expel air, giving rise to vaginal flatus. If the abdomen be supported by the hands or by a bandage, no air enters.

There are several interesting applications of this knowledge. It teaches that the best position after labor, if not during labor also, is the dorsal; that the same position is also best in the case of pelvic abscess or hæmatocele discharging into the vagina; and that we must carefully consider this respiratory rise and fall of the vagina when selecting pessaries. It is by turning to account this

* Obstetrical Transactions, 1863.

† Ibid., 1870.

action that we derive the greatest advantage from the spoon or Sims's speculum. The blade drawing the perineum well back, whilst the semi-prone position of the patient favors the falling forwards of the abdominal viscera, air fills the vagina, counteracts the effect of inspiration, and thus enables us to get a good view of the os uteri. The same position also greatly aids our efforts at reducing inversion of the uterus, and in replacing a prolapsed umbilical cord.

In most operations, however, upon the uterus and vagina, where it is of importance to bring the uterus as low down near the vulva as possible, the dorsal position, by bringing the force of gravity to counteract the respiratory rise of the uterus, which can further be greatly aided by direct pressure by an assistant's hand above the symphysis pubis, is the best.

If we were to follow out in detail all the indications supplied by the examination of the discharges, we should be led through almost the entire range of uterine and vaginal pathology. This, in fact, is simply the converse proposition to one already stated—namely, that almost every uterine or vaginal disease is attended by discharge. But to adopt the discharges as our point of departure, from which to proceed to study and classify the diseases of which they are consequences, would be a most intricate course, and not the most orderly or profitable. I will therefore not pursue this method further than to give one instance of how we may apply it to clinical analysis. We will at our next meeting take hæmorrhage, and sketch what its purport is.

The Watery Discharges.—When these occur, you must, first of all, determine the presence or absence of pregnancy. It is no uncommon thing that discharges of water, more or less profuse, take place in pregnant women. This is the hydrorrhœa gravidarum. Gushes of water, quite clear, may occur at almost any time during pregnancy; but they are more frequent in the latter months, and especially in the last month. Happening at this time, they are commonly taken as an indication of commencing labor, and many are the false alarms which patient and doctor have to suffer from this cause. "The waters have broke," says the nurse. You go, as in duty bound, and find probably the os uteri closed, nothing resembling active labor-pains. What are you to do? If you wait for labor, you may wait for a week, or two or three weeks. If, on examination by ballottement, you find the child still floats in the uterus, the os uteri not open, and no active pains, you may go home and wait in peace for another summons.

What is the source and nature of this hydrorrhœa gravidarum? Several theories have been expounded. The character of the fluid differs in some respects from that of liquor amnii. It is odorless, and resembles blood-serum, or the serous fluid effused in the peritoneal sac. Ruysch and Rœderer thought it came

from ruptures of lymphatic vessels, or of hydatids of the uterus Bohmer thought it escaped from a second abortive ovum; Delamotte and Cruveilhier that it came from a cyst near the ovum; Deleurye, Puzos, Naegele and Dubois that it came from the inner surface of the uterus, being secreted externally to the ovum. Dubois says it is the result of loosening of the membranes from the uterus when the vessels pour out serum. Hegar says the source is the uterine glands of the decidua. Thus, he describes* the glands of the mucous membrane as being found in the decidua at the sixth month of gestation, and argues that their sudden disappearance in the subsequent months is improbable. In a case of hydrorrhœa he found in the decidua vera, at the beginning of the eighth month, an enormously developed glandular body. At the bottom of this morbid growth was a general hypertrophic condition of the decidua and its glands. These gave out the excessive secretions.

In a case related by Dr. Graef,† repeated discharges took place, and the fœtus was expelled at the end of six months. The membranes were very delicate, and openings were found in them. In this case, it is probable that the fluid was true liquor amnii. In another case the patient suffered, during the last three months, from repeated watery discharges; the uterus rising and falling with the gathering and escape of the fluid. The membranes were found without rent. Graef regarded this as a case of catarrhal hydrorrhœa.

I believe there are various sources. In some cases the fluid is liquor amnii. This may come either from rupture of the membranes; from rapid transudation under pressure; from rapid formation and accumulation of liquor amnii in the amnion; or from the bursting of a cyst formed between the amnion and chorion, or between two layers of chorion, the proper amniotic sac remaining intact. In the majority of cases, however, the fluid is not amniotic; for when once the amniotic sac has fairly ruptured, labor is not far off. It is, then, the result of a rapid secretion from the uterine glands, or from the cervical cavity. In the early months, whilst there is still a free space between the decidua vera and the decidua reflexa, there is a large area of developed glandular surfaces.

I have observed a *puerperal form of hydrorrhœa* Thus, watery discharges may continue for a month or longer beyond the proper lochial flow. Generally in these cases the water is dirty, discolored, occasionally stained with blood, and offensive. The most common cause I have found to be the retention of a portion of placenta, or of clots in the uterus; but a polypus may produce

* Monatsschrift fur Geburtskunde, 1863.

† Jenaische Zeitschrift, 1865.

like results. The watery discharges alternate, but not always, with discharges of blood. The fluid may, under certain conditions, collect in considerable quantity in the uterus, so that the organ becomes greatly distended before the collection is expelled in a gush.

Sometimes watery fluid is mingled with air, constituting *physo-hydrometra.* This is also a puerperal or post-puerperal condition, and is commonly the result of retention of some portion of placenta or membranes, and the admission of air into the uterine cavity. If an examination is made when the uterus is relaxed after labor, especially if the hand be introduced into the uterus, the vaginal walls are separated from their usual contact, and a channel is formed along which air easily enters. Merely turning on the side, or a little more prone, will often, by favoring the fall of the uterus forwards, produce a vacuum into which air will rush. This is one reason, amongst others, why I am unable to approve of the abolition of the old-fashioned binder, which some people would condemn for no better reason that I can see than because it is old-fashioned. After labor, especially in pluriparæ, the abdominal walls are so relaxed that they can give no support to the uterus. The binder does temporary duty for the inert abdominal walls.

The history of physo-hydrometra is, I believe, this: A portion of placenta, membranes, or clots remains in the cavity of the uterus after labor; some air gets in as I have described; decomposition ensues, and the gases of putrefaction are added to the air from without, whilst the os uteri is occluded by the placenta or blood-mass falling over it. When this occurs, there is invariably hectic or irritative fever; peritonitis and septicæmia commonly attend; great abdominal pain; the enlarged, distended uterus can be mapped out rising as high as, or higher than, the umbilicus; and resonance is made out on percussion.

One condition, the result of impregnation, often leads to copious and repeated discharges of watery fluid; the *hydatidiform degeneration of the chorion.* In this case the ordinary signs of pregnancy may not be present, and even the patient herself may not think she is pregnant. There is, however, always evidence of enlargement of the uterus, and generally great pelvic distress. The water escapes in gushes at uncertain times; it is often tinged with blood, resembling red-currant water; it has not the offensive odor belonging to the watery discharges of cancer; sometimes, but not often until late in the progress of the case, cysts will be found swimming in the water; it is generally expelled with painful uterine contractions.

In a case we recently had in Adelaide ward, the nature of the disease was not at first suspected. There was some abdominal enlargement, retention of urine requiring the catheter, and most distressing pelvic pain with irritative fever. The os uteri was

found high up above the symphysis pubis, whilst behind it the pelvic cavity was filled with a large, rounded, firm mass, taken to be either the retroverted gravid womb, or a fibroid tumor. One day a large quantity of water, blood, and a mass of chorion-cysts were expelled. We had, in fact, the condition of retroverted gravid womb complicated with hydatidiform or cystic degeneration of the chorion.

Apart from pregnancy, watery discharges are often of grave significance. During and after the climacteric period, the most frequent cause is some form of malignant disease, especially the so-called cauliflower excrescence of the uterus. In this case other symptoms will probably point to the seat and nature of the disease. The fluid discharged is seldom clear; it is generally turbid, dirty, often tinged with blood, resembling water in which flesh has macerated; it contains shreds or flocculi of solid matter, the proceeds of superficial erosion or necrosis of the surface of the diseased growth, and is almost always of a peculiar offensive odor. It often alternates with hæmorrhage. Local exploration will place the nature of the case beyond doubt. Another form of malignant disease giving rise to watery discharges is the "oozing excrescence of the labia."

But we must remember that similar discharges may take place from polypus or inversion of the uterus. Hence we have another example of the wisdom of not pronouncing a diagnosis until we have made an internal examination. Water may escape in large quantity from the rupture or perforation of an ovarian cyst into the vagina. In such a case, the rapid concurrent diminution of the abdominal tumor will lead to the right conclusion.—*London Lancet.*

The Proper Definition of the Word "Cure," as Applied to Medicine.
By Paul F. Eve, M.D., Professor of Operative and Clinical Surgery in the University of Nashville.

To the unprofessional, the science of medicine consists in studying names for diseases, and prescribing remedies. People come to us to find out what ails them, and to obtain what they believe will cure them. They never consider that every case is a problem to be solved for itself, requiring special examination, due deliberation, and study; and then, after all, it may embarrass the most skillful, demanding consultation to determine what is best to be done. A doctor versed in the nomenclature of his profession is always preferred to one familiar only with its therapeutics, as everybody is ready to prescribe the well-known remedies for any disease, however obscure or formidable.

A morbid condition is never considered to be a modification of the natural phenomena of life—simply a perversion of the healthy functions—but is attributed to some noxious agent in the system, a certain something superadded, which must be removed, or counteracted by appropriate medicines, before health can be restored. For instance, an inflamed finger suggests the name of whitlow, and, without inquiring into the cause producing it—alike regardless, too, of constitutional peculiarity, the age, sex, habits, season, state of health, stage of inflammatory action, or what tissue may be affected, whether the skin, the cellular tissue, sheath of the tendons, or the periosteum, etc., simply because it once did good in a case, a small fly-blister (it may be) is recommended, with the most positive assurance that, in six hours, the *felon*, the source of all the pain, may be taken out with the point of a needle or scalpel.

The less medicine a physician prescribes the more unpopular he becomes; the more he trusts to the efforts of nature, in relieving his patients, the less will he be appreciated; and he who ventures to decide, in any case, that the best thing to be done for it is nothing at all, may as well at once retire from practice. Yet is the assertion most true, the older a practitioner becomes, the less confidence has he in medicines; and, as a class, it is proverbial how little physic doctors take themselves.

In a recent discourse to his church, a minister of this city, and he holding a medical diploma, made the ungracious imputation upon us for attending calls on the Sabbath, because, said he, such patients ought not to be indulged on that day; but even he writes: "The doctor cannot always diagnosticate a *cure*." Again, he has "devoted years accumulating knowledge on the subject of *curing diseases*."

That this is a true description of medicine in the estimation of the public, no one, we think, will deny. The whole of our science, if they admit we have any at all, consists simply in finding out what ails the sick, and then trying to cure him by remedies for his disease.

In yielding to popular prejudice, our profession has been placed in a false position, for which we ourselves are not wholly blameless. Practitioners of medicine are looked upon as curers of diseases and healers of wounds; and if we fail—as assuredly we must, and ever will, in the very nature of things—we ought not to complain that efforts are occasionally made to hold us responsible for bad results in practice. It is certainly the interest of our patients to do so, and as the world is now estimated by a moneyed valuation, these suits must be expected. Counting, then, the number of cases of alleged mal-practice, the question naturally arises if the time has not come for us to take the true position, that one by which this unpleasantness can be prevented, sustained, too, as it is, by truth, the aim of all honest men, and sanctioned by the highest of all

authority, viz., *that in caring for the sick we do not profess to cure them.* No minister of the gospel promises to save the souls of his hearers by his preaching, or by any other human means; nor can any surgeon produce the plasma to heal the slightest wound, no obstetrician deliver a woman, nor any physician restore a patient to health, without the *vis medicatrix naturæ*, or, what we more familiarly term, nature. If the patient have not the constitution, the power within himself, to resist morbid action, no man living can give it to him. Then why shall we assume, or encourage the prevailing opinion, that we cure—we heal? Away with all false pretensions—the arrogant assumption of functions beyond the power of man; and let us be thankful that we are even humble instruments in the great and good work of promoting health and prolonging life; ever acknowledging, as we should, that it is God alone who healeth *all* our diseases.

In this definition of the word *cure*, as applied to medicine, it is not denied but that there are therapeutic agents much better adapted to relieve certain affections, or morbid conditions of the body, than are others; or that it is wrong to search after, or to engage in preparing such medicines. The great probability, however, is, that there are no specifics. Mercury, we admit, is apt to salivate; sulphur to destroy the source of the itch; atropia to dilate the pupil; acids to neutralize alkalies, and quinine to prevent chills and fever, etc.; but as diseases, some of which are self-limited, vary according to season, latitude, condition of patient, their progress, etc., so there can never be a remedy for any one of them, and no such thing as a *cure*. The world is now about six thousand years old, and does not yet acknowledge one. The offer of thousands upon thousands of francs, by Monsieur Briant, of Paris, for a cure for cholera, has not yet been awarded, and it may safely be predicted never will. For, as every one is recognized by his own peculiar countenance, so may it reasonably be inferred that he also possesses a special organization, a constitution and system *sui generis*, distinct and different from all others. Daily experience teaches us that what is food for one man may poison another. No medicine whatever will affect any two persons precisely alike. Even the number of actions from a dose of salts, the most astute physician will not venture to predict. How, then, can it be possible, from these indisputable facts, the idiosyncracies of individuals, and variability of diseases themselves, even in epidemics, to prescribe for the mere name of an affection? Yet those who do this are legion, and their advertisements alone, independent of the sales of proprietary medicines, ought to be sufficient to support a pretty strong government.

By the definition of the word "*cure*," as applied to medicine proposed and advocated by this communication, let it not be inferred that modern practice is a do-nothing system. By no

means; far different. It does not simply amuse while nature cures. Knowing how little can be done when the house is in flames, we are bestowing more attention upon hygiene and the preservation of health. If it cannot cure, it obviates the necessity for resorting to too much medicine. Its master-work is the *prevention* of diseases, by investigation into their causes. When cholera was announced, a few years ago, to have been imported into Blackwell's Island, New York harbor, the Faculty of that city proposed to extinguish it in five days. By disinfectants, cleanliness, and putting the patients into tents, etc., in three days the threatened epidemic was at an end.

We are aiming, not to cure, as people will insist we are, but rather to extinguish the spark, to check the incipiency of attacks, to cut short, to divert morbid action. *Obsta principiis* is our motto, and medical science teaches that we do abort, jugulate, arrest, and thus control, many ills that flesh is heir to. Then, by the more chary use of the word "cure," in its application to the practice of medicine, our profession will be better understood, our patients expect less from us, we will be acting more honestly, and consequently made happier. Truth should ever be our aim, and if in error, a candid confession will do us good, and it is no reflection to acknowledge that the province to cure the body, like the salvation of the soul, belongs alone to Him who made both.—*Nashville Journal.*

Treatment of Spermatorrhœa.

The occasional introduction of a catheter as large as the urethra will take, is often of the greatest service; it should be passed into the bladder and allowed to remain for five or ten minutes, according to the tolerance of the patient; its mechanical pressure helps to unload the congested capillaries and small vessels of the urethra; its contact deadens and destroys the extreme sensibility of the urethral nerves, and renders them less susceptible to the influence of slight excitants; whilst, by stimulating the muscles, it provokes their contraction, and so renders material assistance in emptying the larger veins. A silver catheter is the best instrument for the purpose, as it exerts firmer pressure than an elastic bougie; and, as the urine can be drawn off through it, the patient will not require to micturate for several hours, which is a point of some importance, as the urethra is often very tender after the passage of an instrument for the first few times. The frequency with which it should be employed, depends upon the amount of discomfort its presence occasions; and, if the pain be great, it should not be left in more than a few seconds, lest rigors, swelled testicle, etc., be occasioned. Sometimes the urethra is *extremely* sensitive, and

much pain attends the use of the catheter; but this is an additional reason for persisting with it, though a smaller one may be employed at first so as to cause less pain. I have sometimes found that smearing the catheter with blue or calomel ointment, or with half a grain to a grain of nitrate of silver rubbed down in an ounce of lard, to be of use in obstinate cases; but I prefer the blue ointment to any thing I have yet tried. Some camphor, extract of opium, belladonna, etc., may be combined with these ointments, if thought desirable. Care should be taken that these applications do not reach much beyond the curve of the instrument, and it should be thoroughly oiled before using it. The oversecretion of mucus is always checked by the use of the catheter, whether armed with ointment or not.

Cold bathing, cold douches, etc., should not be employed on going to bed. The ordinary bath in the morning does good; but cold applications at night should be forbidden, as the reaction which follows them will increase the local circulation, and so cause congestion and erection of the penis, and thus increase the probability of emissions.

Not only must the position assumed in sleep be attended to, but undue warmth in bed avoided, whether by using very soft beds or too large an amount of clothing. The bowels should be carefully regulated, to prevent any accumulation within the rectum; and the urine examined from time to time, so as to detect an excess of uric acid, the presence of oxalates, etc., which may render its passage irritating to the hypersensitive urethra. Overdistension of the bladder must, at all times, be guarded against, and the patient warned to pass urine on waking in the morning, lest he doze off again with a full bladder, which is one of the most certain provocations of erection and emissions.

Before commencing to treat this affection constitutionally, it is generally necessary to allay the digestive disturbances, which are so common and often so severe, by giving such remedies as may be applicable to the condition of the patient, either with or without the more special medicines. By neglecting to do so, we may not only add to the dyspeptic troubles and obtain no benefit from the drugs given, but a valuable medicine may do harm and be brought into disrepute, in consequence of its being administered at a time when the stomach cannot tolerate it.

Internally, I have found astringents of more use in this disorder than tonics; or they may be combined. Gallic acid, the dilute mineral acids, especially the sulphuric, may be given. Tincture of matico will often be of service, and more so, in my experience, than any other plant rich in tannin, as it appears to act upon the genito-urinary tract, rather than upon the bowels, as is often the case with the others.

Ergot is one of the most valuable remedies for this affection, and

the liquid extracts of the *Pharmacopœia* is a very efficient and convenient form for giving it; whilst the dilute sulphuric acid can be added, if thought advisable.

When the urethra is very sensitive, and the passage of urine painful, small doses of copaiba are often most comforting; or the other oleoresins may be tried if it disagree; but none of them, in my opinion, is equal in value to copaiba when it can be borne.

I am not disposed to regard strychnine in these cases with very great favor; when there is much irritability of the nerves, I believe it often adds to this; but when this is subsiding it may be of use as a tonic; so may quinine or iron, but in no other way. I have never given the tincture of iron in the enormous doses (from one to two drachms three times daily) recommended by some, and so I cannot speak personally of its value in such large quantity.

Cantharides, phosphorus (except the dilute phosphoric acid), and the so-called aphrodisiacs, do harm by acting as stimulants to the nervous system generally, and therefore to the local nerves. Cantharides, also, by its action upon the bladder, is, especially when given in large doses, a very injurious drug in these cases. For the same reasons I disapprove of local blistering; while the sore left by the blister acts, moreover, as a source of irritation, and adds to the liability of emissions.

Belladonna, in my hands, has proved to be an uncertain remedy; in some cases it has appeared to do good by allaying irritation, whilst in others there were no beneficial results from it. The dryness of the throat, disturbance of vision and diarrhœa, which are often caused by it, constitute an objection to its employment in full doses, and without them its value is very questionable.

Camphor is a most useful drug; three or four grains made up into two pills, with half a grain or a grain of opium and one or two of aloes, have more frequently allayed irritability and prevented emissions, than anything I have yet tried. Opium alone does not succeed as well, and a larger dose is necessary, so that the untoward symptoms sometimes produced by it are more likely to be incurred.

I have tried chloral in a few cases, and with very great advantage: in doses of fifteen or twenty grains at bed-time, it has answered its purpose admirably.

Bromide of potassium, in thirty or forty-grain doses, will sometimes be of service; but it seems to me a less certain remedy than chloral, which I am disposed to regard as one of the valuable agents we possess for these cases, though as yet my experience of it is limited.

Suppositories vary much in their action whatever drugs they may contain. Occasionally they answer well, but often they do not lessen, and I am not sure they do not sometimes increase, the irritability of the parts.

Galvanism I have not employed myself; but in the few instances where I have known of its being tried by others, it has seemed to me to do more harm than good, by adding to the nervous irritation.

Lastly, as to cauterization by the *porte-caustique*, I need scarcely say that I am strongly opposed to this method of treatment; for, if my view of this disorder be correct, this instrument can relieve it in no other way than as the passage of the catheter does. I do not believe that ulceration or other morbid conditions of the ejaculatory ducts are the causes of seminal losses. We have no evidence that these pathological conditions exist except, it may be, in very rare instances; and, if so, the application of nitrate of silver to the prostatic mucous membrane in every case of nocturnal emission must be unnecessary; and in spite of its alleged harmlessness, I consider it to be a dangerous treatment. I have known two persons die from the effects of the *porte-caustique*, and I have seen others suffer severely from its employment. This may not be the usual result; but I do say that the application of nitrate of silver to the urethra, whether in stick or in strong solution, is at least a very sharp remedy, and will often produce violent inflammation, and sometimes lay the foundation of a stricture or of a chronic irritation of the bladder.

If, then, caustic be applied on an incorrect surmise as to the condition of, and its effects upon, the prostatic mucous membrane and ejaculatory ducts, it is not only an unnecessary, but, in my opinion, an unsafe method of treatment.—*Gascoyne—British Med. Journal.*

American Medical Association. Twenty-third Annual Congress. Held in Philadelphia, May 7—10, 1872.

[For the following abstract we are indebted to the Special Correspondence of THE CLINIC, of May 18th.—ED.]

TUESDAY.

At eleven o'clock this morning there was opened the first session of the meetings of the American Medical Association. A very large number of gentlemen are in attendance, as well as many of the softer sex, all come to take part in or listen to the proceedings of the association, as these should gradually unfold themselves. The number present exceeds that of any previous convention ever held. During the morning the delegates assembled in Horticultural Hall, and there for a considerable time occupied themselves in the courteous interchange of friendly greetings with brother professionals, with whom they had not associated for many years.

The association is composed of delegates from local societies over the whole United States, and from colleges, hospitals, lunatic asylums, and other permanently organized medical institutions of good standing in the United States, from the army and navy, and from the American Medical Society of Paris. Prof. Wm. H. Gobrecht is registered as the delegate from the Medical College of Ohio, Drs. Comegys and Carson from the hospital, and Drs. Walker, Nardyz and others from the Academy of Medicine. The large number of delegates present occupy about two-thirds of the floor of the hall, which has been railed off for their use. The remainder of the floor and gallery was at the disposal of spectators, among whom were a large number of ladies. Every arrangement was made for the convenience of the body in transacting its business.

The attendance is nearly one thousand in number, of men of more than ordinary talent and appearance of intelligence.

Shortly after eleven o'clock the association was called to order by the President, Dr. D. W. Yandell, of Louisville, Kentucky.

The proceedings were opened with an appropriate and impressive prayer by the Right Rev. Wm. Bacon Stevens, M.D., D.D., D.C.L., Protestant Episcopal Bishop of Pennsylvania.

The address of welcome on behalf of the medical profession of Philadelphia, was delivered by Professor R. E. Rogers, M.D., chairman of the Committee of Reception.

The greeting on behalf of the Committee of Arrangements was delivered by Edward Hartshorne, M.D., of that committee, who then recited the programme of entertainments arranged for the strangers during their stay in the city.

Dr. Wm. B. Atkinson, of Philadelphia, permanent Secretary, read a list of the delegates whose credentials have been approved.

President Yandell read the annual address, which was a very long and erudite paper, pleasantly relieved with dashes of anecdote and humor.

A vote of thanks was passed for the address of the President.

The report of the Committee on Credentials was presented as far as read.

Drs. Morris J. Ash, U.S.A., M. W. Junker, of Bellaire, O., and David D. Mahan, of Mifflin county, Pa., were elected members by invitation.

Dr. H. F. Askew, of Delaware, offered a resolution that all questions of a personal character, including complaints and protests, and all questions on credentials, be referred at once to the Committee on Ethics, and without discussion.

Dr. Mussey, of Ohio, asked that the motion be divided, referring questions of personal character only to the Committee on Ethics.

Dr. Askew declined to accept the amendment for a division of the question.

Dr. Mussey asked if the question did not concern the rights of societies to be admitted in convention, and if so, he denied the right of the committee to decide upon such questions. He proposed, also, referring the second branch of the subject to the convention.

The Chair said that such a course had never been pursued. Hitherto the Committee on Ethics reported to the convention on both subjects, their action being open to the approval of the convention.

Dr. Hartshorne said that the course of the Committee of Arrangements was plain and defined by law, and the original resolution was framed in accordance therewith.

The previous question being ordered by the house, Dr. Askew's motion was put and carried without a dissenting voice.

Various reports were next announced on the subject of papers to be read at the sections held in the afternoon.

The following gentlemen were appointed the Committee on Ethics:

Dr. Askew, of Delaware; N. S. Davis, of Illinois; Calvin Slavy, of Maine; I. K. Bastette, of Delaware; and S. D. Gross, of Philadelphia. The session then adjourned.

In the afternoon, the various sections of Practice and Obstetrics, Surgery, Anatomy and other medical and scientific branches, met in different portions of the hall as designated on the delegates' tickets, for the purpose of hearing reports of Special Committees on Climatology, Epidemics, Surgical Operations, Ophthalmology, etc.

In the evening, a reception was given at Horticultural Hall, by the Biological Society. In the foyer were arranged two long tables, on which were placed over one hundred powerful microscopes, containing specimens of pathology, anatomy, microscopic photography, etc.

Upon the platform at the end of the room were arranged five spectroscopes, in charge of Professor B. H. Rand, of the Jefferson Medical College, who exhibited the spectra of the different mineral and other substances, and of the electrical light.

During the evening a promenade concert was given in the main hall by Hassler's Orchestra. The visitors were greatly interested in the display, and pleased with the entertainment. Among the specimens examined under the microscope, were fleas, beetles, fang of a rattlesnake; human, insect, and animal blood; Egyptian mummy hair, the human nerve trunk, sections of the eye, lungs, heart, kidneys, cancer of the mammary glands; photographs of Nobert's test plates, ninth and nineteenth bands, from the Surgeon General's office at Washington, etc.

The following is the Committee of Arrangements appointed by the Association:

E. Hartshorne, M.D., Chairman; Richard H. Townsend, M.D., John H. Rackard, M.D., William Pepper, M.D., F. F. Maury, M.D., James Tyson, M.D., S. W. Gross, M.D.; D. Murray Cheston, M.D., Secretary.

WEDNESDAY.

The delegates to the American Medical Association assembled in Horticultural Hall at 10 o'clock this morning. The attendance was even larger than on the day previous.

Shortly after 10 o'clock the association was called to order by Dr. Thomas M. Logan, of California, first Vice President, who stated that a recess of fifteen minutes would be taken for the purpose of organizing State delegations and electing members of a general committee of one from each delegation to nominate officers for the ensuing year, and name the city for the next annual meeting.

At the close of the recess the association proceeded to Dr. Wylie's church, Broad street, below Spruce, where the session was resumed. This move was rendered necessary owing to the difficulty of hearing in Horticultural Hall. Nearly seven hundred delegates took seats in the church at 11 o'clock, and the work of the convention proceeded with much less confusion than was reasonably anticipated as the result of the sudden change of base.

At the church, Dr. Yandell, President, of Louisville, took the chair, and the Secretary read the list of members selected as the Nominating Committee, when they retired for consultation.

Dr. W. H. Pancoast announced, through the Committee of Arrangements, that the ladies were also invited to be present at his reception in the evening. It was subsequently announced, that Dr. Hugh L. Hodge had also made arrangements to provide for the ladies accompanying the delegates to his reception.

Dr. R. E. Rogers offered a resolution inviting Dr. J. Edgar Chancellor, of the University of Virginia, to a seat on the floor of the house, which was adopted.

Dr. R. Bronson, of Massachusetts, offered a resolution providing that the Committee on Ethics, to consist of seven members, shall be chosen hereafter by the Committee on Nominations, instead of by the President, as heretofore.

The President thought this was virtually an amendment to the by-laws, and should lie over under the rules.

Dr. Bronson replied, that the resolution might be passed at this session, to take effect at the next session of the association. This idea was entertained by the Chair, and after an explanation by Dr. Bronson, that his resolution was offered for the sole purpose of securing harmony, a vote was taken, resulting in the defeat of the resolution by a vote of 163 yeas and 187 nays.

Mr. Van Bibber, of Baltimore, moved that a special committee be appointed to investigate the merits of a certain nameless substitute for quinine.

The Chair stated, that under the rules the matter must be referred to the section on Materia Medica.

Dr. Davis, of Chicago, read a preamble and resolution indorsing the efforts of the Massachusetts State Society in crowding out quacks, charlatans, and pretenders from the profession, which subject was referred to the Committee on Ethics.

The Secretary asked that Dr. Edward Seguin, of New York, be permitted to exhibit his method of examining patients with a thermometer.

Dr. Davis opposed this violation of the rules as establishing a troublesome precedent.

The President remarked that he was accused the day before of being discourteous, and he was now disposed to exercise all the courtesy he could.

Dr. Seguin was told to present his method to the proper section.

The regular business of the association was then resumed.

Dr. Francis Gurney Smith of this city, chairman of the Committee on Publication, presented his report. It set forth that 750 copies of the Transactions of the Society had been published, at a cost of $1,549.39. Of these, 475 volumes were distributed to members, including 23 to various medical journals, and 88 copies are still due to members. The work was completed and issued early in November. The report concluded by reminding the members of a resolution passed in 1870, that all members who failed to comply with the rules of the association within one year forfeited their right to a copy.

Dr. Caspar Wistar, of Philadelphia, Treasurer of the association, reported that the association last year exercised a praiseworthy discrimination in the selection of the material furnished for publication, and consequently the volume of transactions was smaller, more compact, cheaper and more desirable to the profession than heretofore. The edition was published at a price which leaves a balance on hand for the use of the association when it may hereafter become forgetful of its prudence, and refer a great mass of manuscript for publication.

The treasurer counseled care in the adoption of prize essays, for out of this has arisen considerable expense. The treasury is depleted annually to the extent of $200 which it can ill afford. The account current shows a balance in hand of $1,005, being about $300 more than was in hand last year. The expenditures during the year were $3,680. The Treasurer asks the association to bear in mind that there are no discretionary powers vested in the Committee on Publication. They must publish everything which is referred to them by the sections.

Referred to the publication committee.

Dr. J. S. Weatherly, of Alabama, chairman of the Committee on Medical Education, read the report of that committee. It urges

the immediate suppression of the cheap medical colleges, through a petition to the State Legislatures asking for the withdrawal of all charters of institutions of a doubtful character. The committee recommended the adoption of a badge or medal, to be given to all physicians in the country who are deemed eligible for membership in the American Medical Association.

It is also recommended that the association shall establish a high standard for medical education and members, to be arranged by a congress of professors and practicing physicians and surgeons, all of whom are members of the American Medical Association.

Dr. Francis G. Smith, of Philadelphia. "In the absence of the chairman of the Committee on Prize Essays, who is detained at home by a sad bereavement in his family—the death of his son Louis—and who has commissioned me, as the second member of his committee, to act in his place, I will present the report to the association."

Four essays were submitted to the committee; of these, one was withdrawn by its author, and the remaining three were carefully examined by the committee. Two of them did not fulfill the conditions which are to determine the disposition of the prize. The third one did—that is, it presented the condition of original research. The title of that essay is, "What Physiological Value has Phosphorus as an Organismal Element," and it bears a Latin motto—"Ne tentis, aut perfice." The name of the author is Samuel R. Percy, of New York City.

Dr. T. Parvin, of Indiana, Chairman of the Committee on Medical Literature, reported that he had addressed a letter to each of his four associates—Drs. J. P. Whitney, of California; G. Mendenhall, of Ohio; H. Carpenter, of Oregon, and L. P. C. Garvin, of Rhode Island. He received replies from the two last named only. Dr. Carpenter said he had nothing to communicate. Dr. Garvin sent a long letter which was read, and which contained observations in reference to the national literature and suggestions for its improvement. The writer asserted that we have an American medical literature of which every one should be proud. This very city has produced works which would make quite a library of themselves, and without which no medical library, however vast and various its volumes, would be complete. The names of four of the living authors of Philadelphia who specially deserve mention are George B. Wood, Hugh L. Hodge, Isaac Hayes, and Samuel D. Gross. Our literature, he says, is practical in character. Although we may boast of the grace and beauty with which Dr. Chapman clothed his thoughts; of the flashing declarations of the late Dr. Meigs; of the calm dignity and ornate periods of Dr. Wood, yet generally, our American authors give less heed to language than to ideas. If an author wishes to catch the ear of

an American physician, he must have something useful to say, and must say it quickly.

The committee favored the idea of offering a triennial prize of $600 for the best essay, instead of the present plan of giving $200 to be divided between two each year. They suggest that the chairman of each section deliver an address to his section, as likely to relieve some of the irksomeness of listening to dry essays. A large portion of this report was devoted to advocating the publication of a national monthly journal, under the auspices of the American Medical Association.

Referred to the publication committee.

Dr. J. D. Jackson, of Kentucky, chairman of the Committee on American Necrology, submitted his report, which was referred to the Committee on Publication without being read.

The Secretary announced that Dr. J. G. Richardson, of Philadelphia, would read, before one of the sections, a paper on the structure of the white blood corpuscles.

Also, that Dr. Hartshorne would read one on the physiology of the vaso motor nerves.

Also, that Dr. Pancoast would present to one of the sections, through Dr. S. Bonaparte Merkel, the case of George Thomas. This is a colored man, a native of England, now a resident of Frederick City, Md., thirty-six years old, who makes a living by exhibiting his ability to roll his abdomen with an undulatory motion, like a huge ball, around the umbilicus, and also to move his heart from side to side.

Also, that Dr. J. S. Packard, of Philadelphia, would exhibit to the surgical section a suspension apparatus for fracture of the leg.

Also, that Dr. Hunt had sent in his report on the climatology of New Jersey.

Referred.

Also, that Dr. George M. Beard would read a paper on the recent researches in electro-therapeutics, with a demonstration of some of the methods of application.

Also, that Dr. John P. Garrish would read a paper on "The use of instruments in obstetrics."

Also, that Dr. W. H. Mussey would read a volunteer paper on "A case of vesical calculus."

Also, that Dr. Harrison Allen would read a paper on "The soft palate in health and disease."

Also, that Dr. Wm. F. Peck, of Iowa, would read his report of an operation on the hip joint, with details of the case.

Dr. Wm. R. Findley, of Pennsylvania, presented a resolution which declared that as the association, at its meeting in 1869, unanimously adopted a resolution classing all who practiced medicine on the "contract system" with "irregular practitioners,"

and as this action has excited considerable controversy in many of the county societies, the members of which have misunderstood the meaning of that resolution, it is therefore important that the Committee on Ethics decide whether such physicians are really "irregular."

Referred to the Committee on Ethics.

Dr. George Sutton, of Indiana, read a report on "Comparative Pathology," in which it is urged that a national medical library should be established.

Dr. Woodward, of the United States Army, observed that such a library is now in existence in the Surgeon-General's office at Washington, and contains eighteen thousand volumes.

Dr. Pollock, of Pennsylvania, offered a resolution creating a special committee to consider the propriety of adopting the suggestions made in the report of the Committee on Medical Education, which was postponed for the present.

A long discussion ensued upon the matter of allowing the Committee on Publication to publish papers in the annual report at their discretion. The subject was finally postponed indefinitely.

Adjourned.

In the afternoon the various sections and Committee on Ethics held meetings, at which a vast number of subjects were discussed, and among them the question of admitting the representative of the Howard University (colored) and several colored physicians from Washington.

In the evening a lecture was delivered at the University of Pennsylvania by Dr. Noyes, of New York, on "The relation of diseases of the inner structure of the eye to other affections of the body." There was a large audience present, composed of the delegates, their families and friends. The lecturer showed the analogy between the diseases of the eye and those of other portions of the body, illustrating his remarks by means of ophthalmoscopic pictures projected upon screens by means of the magic lantern.

At the close of this address the audience passed into the chemical lecture room, where Prof. R. E. Rogers delivered a short lecture on the two subjects of Spectroscopy and Electricity. He first explained the action of the spectroscope in analyzing the light of the sun and other heavenly bodies, and also that produced by the combustion of minerals and gases, and in illustration he projected upon a screen the spectra of several of the substances alluded to.

During the evening, receptions were given to the delegates and their ladies at the residences of Dr. William Pancoast and Dr. H. L. Hodge.

THURSDAY.

The association re-assembled this morning at the appointed hour in Dr. Wylie's church; President Yandell in the chair.

A large number of physicians were, on motion, invited to seats on the floor of the convention.

After some preliminary business, Dr. Stein, of New York, offered a resolution that a committee be appointed to examine and report upon the transmission of diseases from animals to man, and to report what measures may best be adopted to prevent and arrest disease in animals.

Agreed to.

A preamble and resolutions adopted by the College of Physicians of this city, the preamble reciting the frequency of cases of accidental poisoning by druggists, and the resolution recommending that all bottles containing poison should not only be labeled poison, but should be roughed on one side so as to indicate their poisoning contents to the sense of touch, and also be labeled with the most ready and efficient antidote, was, upon motion, adopted by the convention.

A resolution offered by Dr. Horner, of Virginia, that the members of the association should discourage the use of alcoholic stimulants in their remedies, was adopted. There was one "No," the enunciation of which produced considerable merriment.

Dr. Walker, of Brooklyn, presented a resolution that so much of the report of the Committee on Literature as relates to the establishment of a national medical journal be referred to a committee, to report at the present session.

Agreed to.

Dr. Francis Gurney Smith, of Philadelphia, chairman of the Committee on Medical Nomenclature, made a report with a resolution attached creating a special committee to prepare the classification and lists of names of diseases for publication and adoption by the association.

Dr. Woodward, of the United States army, read a minority report, with a resolution appended, "that the classification and nomenclature proposed by the majority of the committee be printed in pamphlet form, and spread broadcast throughout the profession, and that the report be postponed for one year."

After a protracted discussion, Dr. Woodward's resolution w adopted.

Dr. Keller, of Kentucky, then presented the following:

Resolved, That so much of the report of the Committee on Education as refers to the establishment of a medical congress, consisting of an equal number of representatives from each State, is of immediate importance, and, in order to further the views thus

expressed, that a committee be appointed at once to take the preliminary steps necessary to organization, with instructions to report before the adjournment of this convention.

Before acting upon this, Dr. William O. Baldwin, of Alabama, asked leave to make a partial report from the Committee on Nominations. This was granted, and he announced that the committee had agreed upon the following officers to serve during the ensuing year:

President—Dr. Thomas L. Logan, Cal.
First Vice-President—Dr. Catlin, Conn.
Second Vice-President—Dr. McPheeters, Mo.
Third Vice-President—Dr. Pollock, Pa.
Fourth Vice-President—Dr. Briggs, Tenn.
Treasurer—Dr. Caspar Wistar, Pa.
Librarian—Dr. Wm. Lee, D. C.
Assistant Secretary—Dr. M. A. Fallon, Mo.

Next place of meeting—St. Louis.

The report was accepted.

Dr. Baldwin requested further time for his Committee to complete their report.

Dr. Keller's resolution was then voted upon and not agreed to.

Dr. Palmer, in behalf of the delegation from Missouri, thanked the association for selecting St. Louis for the next place of meeting.

Dr. Palmer then presented a proposition for the establishment of a national medical academy, for the purpose of elevating the standard of medical attainments and the moral worth of its members.

The association refused to adopt this scheme.

Dr. T. M. Logan, of California, chairman of the committee on A National Health Council, made a long report. The conclusions of this committee can be gathered from the following extract from the report:

"Diffuse the discovery of the means of protection against these and many other diseases which have been perfected under the vigilant outlook and investigation of combined chemical and microscopic detectives; extend what has been successfully applied in circumscribed communities to states and to nations; let facilities for concerted action be established internationally through the instrumentality of governments, and the people will no more be decimated by those pandemic waves which have so often swept with cumulative impetuosity over the face of the earth. Utopian as the idea may at first sight appear of stamping out the great anti-sanitary evils which beget disease, still it would be taking a very limited view of the power of the human mind, and argue a strange obliquity of vision as to the lessons its triumphs in other fields are every day teaching us, to

doubt our ultimate ability to do so. 'That man, who is rapidly subduing all the most Titanic forces of the universe to his commonest uses, should always remain at the mercy of these ignoble things, is an antithesis too extreme to be permanent.'

"The government of the United States has already done something in the direction toward which these suggestions tend, by the establishment of a bureau connected with the war department, which makes constant synopses of the weather, storm currents and other meteorological phenomena occurring in some of the most prominent parts of the Union. Let the operations of the 'signal service' be so extended as to reach the remotest expansions of the republic; and while there shall be sent from the capital of every State and territory full telegrams of the daily travail of nature in all her parts to the federal head, let the respondent wire report back simultaneously everything of scientific interest to the physician as well as to the physicist."

The committee asked to be continued, and to be constituted a special section on state medicine and public hygiene, to which all subjects cognate thereto may be referred; also that they be empowered to take such action, in connection with the authorities at Washington, as in their judgment may be deemed expedient in carrying out the objects of the resolutions.

D. J. C. Tucker, of California, offered a resolution appealing to Congress to establish a national sanitary bureau, in charge of competent medical men, to be appointed by the United States treasurer, from physicians nominated by this association.

The bureau was to have charge of all governmental hospitals, and was to secure the proper supply of bovine virus, besides performing many other national duties.

The plan of Dr. Tucker was very elaborate, and contained an act bearing upon this subject to be presented to Congress.

Dr. Gallagher moved that the report of Dr. Tucker be laid upon the table.

Agreed to.

Dr. Tyler, of Washington, D. C., insisted upon the members exercising great care in submitting questions to Congress, as all such subjects were likely to be governed by a ring for their personal advantage.

That portion of the report of the committee which referred to taking action in connection with the authorities in Washington was stricken out, and the report was then agreed to.

The Committee on Nominations presented a final report as follows:

Committee of Arrangements.—Dr. J. B. Johnston, Dr. J. T. Hodges, Dr. J. S. Moore, Dr. Robinson, Dr. Kennard, Dr. Teste, Dr. Brokay, Dr. J. M. Scott, all of St. Louis.

Committee on Publication.—Dr. Atkinson, chairman, Pa.; Dr. D. Murray, Chester, Pa.; Dr. Wm. Lee, District of Columbia; Dr. Caspar Wistar, Pa.; Dr. H. F. Askew, Delaware; Dr. A. Meigs, Pa.

Committee on Prize Essays.—Dr. Moore, chairman, Missouri; Dr. Gregory, Missouri; Dr. Davis, Illinois; Dr. Parvin, Indiana; Dr. Mendenhall, Ohio.

Committee on Medical Education.—Dr. Carson, chairman, Ohio; Dr. Tojan, Ga.; Dr. Howard, Md.; Dr. Steel, Col.; Dr. Vanderpool, N. Y.; Dr. Johnson, District of Columbia; Dr. Stout, Ga.; Dr. Welsh, Texas; Dr. Scott, Ark.; Dr. Bailey, N. Y.; Dr. Jones, Ala.; Dr. McRuor, Me.; Dr. Tally, S. C.; Dr. Blaine, N. J.; Dr. Shattuck, Mo.; Dr. Jasques, Va.

Committee on Medical Literature.—Dr. Flint, chairman, N. Y.; Dr. Yandell, Sr., Ky.; Dr. Henderson, Ala.; Dr. Thrall, Ga.; Dr. Leary, Me.

Committee on Medical Necrology.—Dr. Jackson, chairman, Ky.; Dr. Parsons, R. I.; Dr. Hildreth, W. Va.; Dr. Johnson, D. C.; Dr. Simmons, Cal.; Dr. Wariner, Oregon; Dr. Stevens, Ohio; Dr. Agnew, Pa., and others.

Officers of Sections:

Chemistry and Materia Medica.—Dr. R. E. Rogers, chairman, Philadelphia; Dr. Ephraim Cutter, Secretary, Boston.

Practice of Medicine and Obstetrics.—Dr. D. A. O'Donnell, chairman, Baltimore; Dr. Benjamin F. Dawson, secretary, New York.

Surgery and Anatomy.—Dr. Warner, chairman, Baltimore; Dr. W. Peck, secretary, Iowa.

Climatology and Epidemics.—Dr. Geo. Sutton, chairman, Ind.; Dr. Elisha Harris, secretary, New York.

Medical Jurisprudence, Hygiene and Physiology.—Dr. R. C. Busey, chairman, Washington; Dr. H. B. Arnold, secretary, Baltimore.

Psychology.—Dr. Isaac Ray, chairman, Philadelphia; Dr. John Curwin, Secretary, Harrisburg.

The report was accepted.

A preamble and resolutions were presented and adopted, declaring the Massachusetts Medical Society in full accord with the American Medical Association, upon which Dr. Bronson, in behalf of that society, tendered its thanks for the unanimity with which the preamble and resolutions were carried.

The Committee on Ethics presented their report, in which, among other things, the names of certain members were mentioned for exclusion for non-payment of dues; and also the same action in regard to Dr. D. W. Bliss, who is under sentence of expulsion from the society of D. C.; also, that alumni associations of medical colleges were not entitled to be represented in the association. The subject of the contracting for the supplying of medical attention by the year to every one other than charitable institutions was laid over.

The question of the admission of females to positions as students and professors, in various medical institutions, was then referred to, and after a recital of the past action of the conventions on the subject, mention was made of the names of the Academy of Medicine, of Washington, D. C.; the Freedmen's Hospital, of Washington, D. C., and the medical department of the Howard Institution, as associations which had females among their practitioners, and had among their members unlicensed practitioners. The committee recommended that the delegations from these institutions be not, therefore, received in the present body.

Dr. Rayburn, of the District of Columbia, one of the professors of Howard University, took the floor against the recommendation of the committee. He alleged that if the delegates referred to were kept out, they would be kept out because they were not in good standing with the Washington Medical Association, and that that association licensed irregular practitioners, and also charged a fee for its license, against the legality of which there had been several judicial decisions.

The Howard University, he said, received all who applied for medical education, without distinction of color or of sex. If the association see fit that institutions of that class shall not be represented, of course they have the power so to act, but, at the same time, it should consider well what it was doing before taking such a step. He thought that every human being should be allowed the right to the very highest development that God has made him capable of.

Dr. Busey, of Washington, followed him in the defense of the medical society of that city, and in favor of the recommendation of the committee. He asserted that the society had never licensed irregular practitioners, or homœopathists, or any practitioner that had not presented a diploma from some regular medical school, or passed an examination before the society's board. Dr. Rayburn, on the contrary, was a member of an institution which did receive irregular practitioners.

Dr. Parmer, of Washington, from the Howard University, spoke on behalf of that institution. He denied that there was a lady member of the faculty, but that a lady had been employed as ophthalmologist. He acknowledged, however, that the lady spoken of was ophthalmic surgeon of an institution in which certain members of the faculty of Howard University are in daily consultation.

At the conclusion of this address, a great deal of confusion was occasioned by cries of "question," and by hisses from those who were anxious to vote without further discussion.

Dr. Parmer explained his position as professor in the Howard University. He said he had not practiced medicine in that city,

and, therefore, had not procured a license, as the law requires. He did not understand why he should be excluded from this association on account of his connection with that institution.

A very rambling and animated discussion followed, and the President had great difficulty in preserving order. Motions were made in rapid succession, but they were not noticed by the chairman.

Dr. Sayre, of New York, moved that the resolution of the committee be adopted.

Dr. Todd seconded the motion, and, under the call of the previous question, it was finally carried by an overwhelming majority, whereupon the convention adjourned.

In the afternoon the various sections met as on the two previous days, for the consideration of medical and scientific subjects.

The members subsequently repaired to the University of Pennsylvania to partake of an entertainment tendered them by the professors and graduates of that institution.

In the evening, a lecture on Sound was given by Dr. F. Solis Cohen, at the Jefferson Medical College. The doctor illustrated his remarks by the use of various ingenious and delicate apparatus, showing, in one case, the waves of sound through the intervention of light thrown upon a mirror. The lecture room was crowded with the delegates and invited guests.

After the lecture, a handsome entertainment was given to the members of the convention and their ladies by Col. Thomas A. Scott at his residence.

FRIDAY.

The association convened in the same church and was called to order at the same hour by the President, Dr. Yandell, in the chair.

Resolutions of regret were offered for the death of Dr. Zeno Pitcher, of Detroit; Dr. W. W. Gerhard, Dr. Samuel H. Dickson, and Dr. Samuel Jackson, of Philadelphia.

Dr. Porter, of Delaware, spoke on the resolutions, paying a high tribute to the memory of Dr. Gerhard. The resolutions were unanimously adopted by a standing vote.

A resolution providing that the Marine Hospital Service be placed upon the same footing as the medical department of the U. S. Army, was laid over until the next meeting.

The reports of the various sections were presented, and without being read were referred to the Committee on Publication.

Reports were received from the following Special Committees, and referred, without reading, to the Committee on Publication:

On the Cultivation of the Cinchona Tree, Dr. L. J. Deal, of Philadelphia, chairman.

On the Structure of the White Blood Corpuscles, Dr. J. G. Richardson, Pennsylvania, chairman.

On Correspondence with State Medical Societies, Dr. N. S. Davis, Illinois, chairman.

Professor Gross offered an amendment to the by-laws, modifying the third section, so that instead of a report on Medical Education, or Medical Literature, or Climatology and Epidemic Diseases, there shall be annually delivered before the association, at its general meetings, an address on Medicine, one on Surgery, one on Midwifery, or the Diseases of Children, the lecturers to be appointed by the Committee on Nominations.

Laid upon the table till the next annual meeting.

Dr. Hartshorne offered a resolution, which, among other things, recommended the appointment of a commission of experts by the courts in all capital criminal cases where medical testimony is needed, instead of the present system of employing physicians as witnesses on opposite sides.

Adopted.

Dr. Askew, of Delaware, was appointed to prepare a series of resolutions expressing the feelings of the association upon the death of Prof. Samuel Jackson.

Resolutions of thanks were passed to the officers of public institutions, of the Naval Station, and to the authorities and congregation of the First Reformed Presbyterian Church Association. Also, to the Committee of Arrangements, medical profession, faculties and officers of the colleges, Col. Thomas A. Scott, Dr. Wm. Pancoast and Dr. Hugh L. Hodge, and to the retiring President, Dr. D. W. Yandell.

Dr. John Morris, of Baltimore, also moved that a vote of thanks be returned to the members of the press of Philadelphia, for their faithful attendance during the sessions.

Adopted.

A resolution was introduced setting forth that the association acknowledges the right of women to study and practice medicine and surgery in all the branches, but condemns the public association of the sexes in mixed classes and clinics as subversive of true modesty and delicacy in both sexes.

The consideration of the resolution was indefinitely postponed.

The formal business of the association being gone through with, the Chair addressed the convention in words of thanks for their support of him and his decisions during the sessions of the association. He closed by hoping to meet all the members of the association again on the other side of the Mississippi, at the next annual gathering. He then declared the Convention adjourned *sine die*.

By the many trains which left the Reading Railroad Depot during the afternoon, hundreds of the members of the Convention visited the Park, and amused and entertained themselves by driving to various parts of that section of the city, in lounging beneath the trees of the Belmont Mansion, and in partaking of temporary refreshments, preliminary to a collation which had been prepared for them in the pavilion.

This part of the ceremonies of the day came off at 4 o'clock, and the delegates, their ladies and invited guests, passed a most delightful hour in the pleasurable business of partaking of the luxuries of the season—a fitting termination to a professional business reunion.

At the close of the entertainment, addresses were made by John C. Cresson and John Welsh, Esqs.

Editors' Book Table.

[NOTE. — All works reviewed in the columns of the CHICAGO MEDICAL JOURNAL may be found in the extensive stock of W. B. KEEN, COOKE & CO., whose catalogue of Medical Books will be sent to any address upon request.]

BOOKS RECEIVED.

A Treatise on the Diseases of Infancy and Childhood. Second edition, enlarged and thoroughly revised. By J. LEWIS SMITH, Curator to the Nursery and Child's Hospital, New York, Clinical Lecturer on Diseases of Children, Professor in Bellevue Hospital Medical College, etc., etc. Philadelphia: Henry C. Lea. 1872. Pp. 741.

The high favor with which the first edition was received, renders unnecessary any formal introduction of this treatise to our readers. The present edition has been enlarged something over a hundred pages, nearly twenty additional diseases being treated of, and many new formulæ included. Other portions, especially those relating to pathological histology, have been re-written to correspond with recent discoveries. Undue augmentation of the bulk of the volume has been avoided by condensation of portions of the text of a less practical character. As it is now presented, the book is one we can sincerely recommend as both creditable to the author and more than usually profitable to the studious practitioner.

A Treatise on Diseases of the Bones. By THOMAS M. MARKOE, M.D., Prof. of Surgery in the College of Physicians and Surgeons, Surgeon of the New York Hospital, Surgeon of Bellevue Hospital, etc., etc. New York: D. Appleton & Co. 1872. Pp. 416.

In his very modest preface, Prof. Markoe informs us that his book contains the substance of the lectures which, for the last twelve years, he has delivered at the College of Physicians and Surgeons in New York. It is not claimed as a full and systematic exposition of the subject, but rather offers the fruits of his own experience and studies. Those who have the advantage of the author's personal acquaintance, will know at once the conspicuous value of his work. To those who do not, we confidently recommend it as a clear, concise, and, indeed, excellent exposition of the subject. Its free use of illustrations, together with Prof. Markoe's graphic descriptions, will help to clear away the obscurity which hangs around many points in this important department.

Read, mark, learn, and inwardly digest.

The Urine and its Derangements, with the Application of Physiological Chemistry to the Diagnosis and Treatment of Constitutional as well as Local Disease. By GEORGE HARLEY, M.D., F.R.S., late Professor in the University College, London, etc. With illustrations. One volume. Price, $2.75. Philadelphia: Lindsay & Blakiston. 1872.

Chapter 1. What is Urine? 2. Changes in the Composition of the Urine, induced by Food, Drink, Medicine, and Disease. 3. Urea, Ammonæmia, uræmia. 4. Uric Acid. 5. Hippuric Acid, Chloride of Sodium. 6. Urohæmatin, Abnormal Pigments in Urine. 7. Phosphoric Acid, Phosphatic Gravel and Calculi. 8. Oxalic Acid, Oxaluria, Mulberry Calculi. 9. Inosite in Urine, Creatin and Creatinine, Cholesterin, Cystin, Xanthin, Leucin, Tyrosin. 10. Diabetes Melitus. 11. Albuminuria.

The subject-matter of this volume was delivered in a course of lectures before the class at the University College, London, and published in detached portions in the *London Medical Times and Gazette*, where they were so favorably received that the author has been induced to revise and enlarge them, presenting them in a far more accessible form to the profession. Professor Harley's book now offers facilities for the study of Physiological and Pathological Chemistry, as applied to a class of diseases that is otherwise very imperfectly provided for.

Clinical Lectures on the Diseases of Women. By SIR JAMES Y. SIMPSON, Bart., M.D., D.C.L., Late Professor of Midwifery in the University of Edinburg. Edited by ALEX'R R. SIMPSON, M.D., Prof. of Medicine and Midwifery, and the Diseases of Women and Children in the University of Edinburg. New York: D. Appleton & Co., 549 and 551 Broadway. 1872. Pp. 789.

This is a continuation of the series of volumes containing the works of the eminent author afforded by the American publishers in elegant dress for American readers. It opens with a lecture on the Diagnosis of Diseases of Women, the balance being made up of Clinical Lectures. A copious index is subjoined. It is needless to commend the works of Sir. James Y. Simpson to the intelligent professional reader.

PAMPHLETS.

Table I. Mortality of the United States (by States and Territories), with Distinction of Sex and Percentage of Deaths to Population, at the Censuses of 1870, 1860 *and* 1850.

We acknowledge, with thanks, advance sheets of these tables, which are to form a part of the volume on the Vital Statistics of the United States, Ninth Census, 1870.

The information afforded cannot fail to prove of immense practical value to all earnest students of the profession, as well as to statesmen and philanthropists.

Proceedings of the Homœopathic Medical Society of Ohio. Seventh Annual Session at Cincinnati, 1871.

Bulletin No. 21. *April*, 1872. From the officers and trustees of the Boston Public Library.

The Lens. A Quarterly Journal of Microscopy and the Allied Natural Sciences; with the Transactions of the State Microscopical Society of Illinois. Edited by S. A. Briggs. Publishing Committee: Charles Briggs, E. H. Sargent, Charles Adams. Chicago, April, 1872. Vol. 1. No. 2. $3.00 per annum, in advance.

Editorial.

Illinois State Medical Society.

At the time of going to press we have advices from this Society, assembled at Rock Island, to the effect that the meeting is well attended, and several valuable papers have been presented. The following officers have been elected for the ensuing year:

President—D. W. YOUNG, M.D., Aurora.
1st Vice-President—THOS. D. WASHBURN, M.D., Hillsboro.
2nd Vice-President—T. C. HOTZ, M.D., Chicago.
Permanent Secretary—T. D. FITCH, M.D., Chicago.
Assistant Secretary—R. D. BRADLEY, M.D., Bloomington.

Bloomington was selected as the place for the next annual meeting.

The American Journal of Obstetrics

And Diseases of Women and Children—edited by B. F. DAWSON, M.D., and published in New York by Wm. Baldwin & Co.; a quarterly, at $5 a year, (specimen copies, 50 cents)—is a periodical that we take especial pleasure in commending to our readers. It is elegantly gotten up; in its editorial conduct high-toned, and full, from cover to cover, of valuable and interesting original and carefully selected matter. It is so rare to find an organ of this specialty that we can heartily approve, that it is a novel sensation to be able to write as we now do. Please make a note of it accordingly.

Obituary.

Died, March 31st, SAMUEL HENRY DICKSON, M.D., Professor of the Theory and Practice of Medicine in Jefferson Medical College, Philadelphia. At the time of his death, Professor Dickson had reached the ripe age of seventy four. Few names are as widely known and as highly respected by the profession.